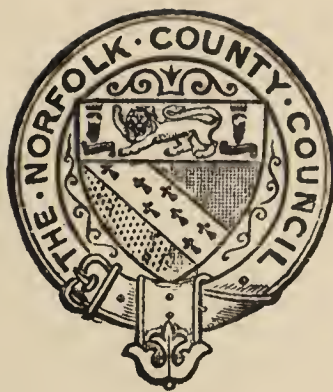


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NORFOLK COUNTY COUNCIL

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# **Annual Report**

of the

## **COUNTY MEDICAL OFFICER**

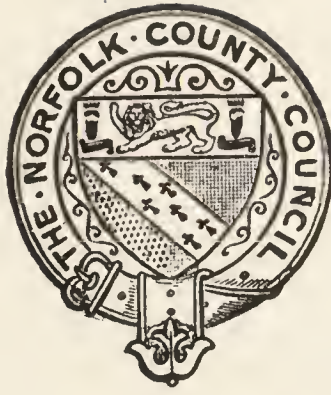
### **FOR 1952**

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NORFOLK COUNTY COUNCIL

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# **Annual Report**

of the

**COUNTY MEDICAL OFFICER  
FOR 1952**

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## PREFACE.

The form in which this report is presented differs from that of previous years in that it contains a survey of the local health services provided under the National Health Service Acts since July, 1948. This survey was specially asked for by the Minister of Health who stated that it should not only include an account of these services as existing at the end of 1952, but should also contain a general review of their working as part of the wider National Health Service, and particulars of the nature and results of the steps taken locally to link them up with other parts of the National Service. The Minister asked that copies of this survey should be sent to his Department without waiting for the completion of the rest of the report, and this was done on the 24th March. The survey is reproduced on pages 14 to 38.

As a result of a review of the local health areas, North Walsham U.D. was transferred from Area No. 2 to Area No. 1. The vacancy for an assistant county medical officer and district medical officer of health in the latter area, which had existed since July, 1951, and which had continued pending the review, was filled at the end of the year.

The problem of filling vacancies for dental officers remained unsolved, although, at the end of the year, one more whole-time dental officer was being employed than at the end of 1951.

Although the weather throughout the year was frequently unseasonable, the health of the county remained good. The birth rate showed a welcome increase, and the death rate fell to the lowest point recorded, with the exception of 1948. Infant mortality, though lower than the previous year, was a little above the national rate, while maternal mortality was the lowest on record. Of the common infectious diseases, measles was the only one with any wide epidemicity.

In view of the heavy demands for maternity beds, arrangements were made for the Council, at the request of the hospitals, to supply reports upon the home conditions of cases referred by general medical practitioners for whom accommodation had been requested on other than medical grounds. In this way, accommodation was obtained for all cases where satisfactory arrangements could not be made for a domiciliary confinement.

A proposal for including vaccination against whooping cough in the services provided under Section 26 of the National Health Service Act was submitted to the Minister of Health for approval.

Although the use of ambulances does not fluctuate much from year to year, the sitting-case car service provided for cases other than those of infectious disease carried 16% more patients than in the previous year and the mileage increased by 11% in spite of attempts to ensure that cars are used only when patients are unfit, for medical reasons, to travel by any other means.

Attention has been drawn in the survey report to the increased numbers of mental defectives living in the community, and mention made of the probability of this being due to better ascertainment rather than to an increase



in the extent of mental deficiency in the county. The inclusion of the mental health service as a component part of the National Health Service has proved beneficial, particularly with regard to the ascertainment of mental defectives, and the very close link between the mental health and other branches of the service, together with the school health service, has been most valuable. The problem of accommodation for low-grade mental defectives has continued to cause grave concern. The East Anglian Regional Hospital Board has now obtained permission for the erection of two low-grade villas at Little Plumstead Hall Colony, which will probably meet the immediate need when completed in about two years' time. In the meantime, there is the ever-present danger of a tragedy occurring in one of the many households in which the presence of a low-grade defective, besides causing distress, anxiety and mental discomfort to the whole of the family, is often a danger to its younger members.

During the past two years, the Council, acting through the Welfare Committee, has opened five hostels for the aged and a sixth is in the process of being completed; all have been provided by the conversion of large private houses. Whilst these hostels have been well-adapted and are extremely comfortable, they do not provide for residents who become ill for other than very temporary periods. I feel that the question of the ideal type of accommodation for old people is one which still needs a great deal of consideration, and something of the nature of the Great Hospital in Norwich may eventually be found to be the best solution, containing, as it does, facilities for old people to live either privately within the grounds or communally, where necessary, and affording sick-bay accommodation.

The work of the local voluntary Old People's Welfare Committees has continued to expand and there are now over 100 Committees in the county running Old People's Clubs and other welfare activities. The local welfare officers assist and advise the local Committees in this work, which has all developed since the war, but much still remains to be done. I consider that one of the biggest needs is for the establishment of a chiropody service, which would help old people to remain active in their own homes and relieve much pain and discomfort. The home help service is being increasingly used for old people at home and is one of the major benefits of the health service.

Schemes prepared in 1951 under section 29 of the National Assistance Act, 1948, for promoting the welfare of persons who are deaf, dumb or substantially and permanently handicapped, were approved by the Ministry of Health, and a start was made in ascertaining the extent to which help could be provided for such persons.

The water supply schemes are progressing well, but it will be some years before the county is properly supplied and much expense will be involved. In the meantime, problems of sewerage, which in some areas have existed for years, are crying out for attention, and indeed, as piped water is spread, new and complicated problems of sewerage are arising.

This preface would not be complete without a grateful acknowledgement of the manifold activities of the St. John Ambulance Brigade, the British Red Cross Society, W.V.S., and the other voluntary organisations, which

have done so much to assist the County Council in the various schemes. Their help has always been readily given and has been of inestimable value to the people of Norfolk.

Finally, my thanks are due to the staff of this Department for another year of loyal co-operation and hard work.

T. RUDDOCK-WEST.

Public Health Department,  
29, Thorpe Road,  
Norwich.  
*August, 1953.*

# **PUBLIC HEALTH STAFF**

## **County Medical Officer:**

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

## **Deputy County Medical Officer:**

K. F. ALFORD, M.B., Ch.B., D.P.H.

## **Senior Medical Officer:**

W. W. SINCLAIR, M.B., Ch.B., D.P.H. (to 14.10.52).

## **Temporary Consulting Medical Officer:**

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H. (to 30.9.52).

## **Assistant County Medical Officers and District Medical Officers of Health:**

A. E. BROWN, M.D., B.S., D.P.H.

C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

IRENE B. M. GREEN, M.D., B.S., D.P.H.

A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.

J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H.

R. N. C. McCURDY, M.B., Ch.B., D.P.H.

J. H. F. NORBURY, M.B., B.S., D.P.H.

## **Assistant Medical Officers:**

NULECE CASSELLS, M.B., Ch.B. (part-time).

O. C. HAMILTON-JONES, M.R.C.S., L.R.C.P., D.P.H. (to 13.1.52).

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H. (part-time from  
1.10.52).

VIOLET M. JEWSON, M.A., M.B., Ch.B.

ROSEMARIE D. LINCOLN, M.B., B.S. (part-time).

C. MARGARET McLEOD, M.B., Ch.B. (part-time).

CHRISTINA S. WEBSTER, M.B., Ch.B. D.P.H. (part-time from 30.10.52).

F. R. WILSON, M.D., Ch.B. (part-time).

## **Senior Dental Officer:**

P. MILLICAN, L.D.S., R.C.S. (Eng.).

## **Dental Officers:**

A. J. CAIRNS, L.D.S., R.C.S. (Eng.) (part-time).

JOYCE G. CAMPBELL, L.D.S. (U. St.And.) (from 1.12.52).

SADIE S. HOW, L.D.S., R.C.S. (Eng.).

RITA M. HUGHES, B.D.S. (U. L'pool) (part-time).

D. J. MURCH, L.D.S., R.C.S. (Eng.) (from 9.9.52 to 20.12.52).

E. C. PACKHAM, L.D.S., R.C.S. (Eng.).

F. W. WALMSLEY, L.D.S., R.C.S. (Edin.).

## **County Sanitary Officer:**

G. W. CURTIS, M.I.S.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.



**Senior Assistant County Sanitary Officer:**

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

**Assistant County Sanitary Officer:**

A. C. COOPER, C.S.I.B.

**Superintendent Nursing Officer:**

MISS M. V. E. DAVEY, S.R.N., S.C.M., Cert.R.S.I.

**Deputy Superintendent Nursing Officer:**

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert.

**Assistant Superintendent Nursing Officers:**

MISS D. T. N. COLE, S.R.N., S.C.M., H.V.Cert.

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

MISS A. POLLOCK, S.R.N., S.C.M., H.V.Cert. (from 8.10.52).

**Health Visitors and School Nurses:**

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.

MRS. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert.

\*MRS. P. D. CHADWICK, R.S.C.N.

MISS I. K. COLE, S.R.N., S.C.M., H.V.Cert.

MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert.

MRS. M. E. C. EVANS, S.R.N., S.C.M., H.V.Cert. (part-time).

MISS T. D. FULLER, S.R.N., S.C.M., H.V.Cert. (from 1.11.52).

MRS. B. M. GRAY, S.C.M.

\*MISS A. E. HOLDEN, R.S.C.N.

\*MRS. A. M. KNOTT, Trained Nurse, Sick Children.

MISS B. V. LESTER, S.R.N., S.C.M., H.V.Cert.

†MISS M. W. LINDSAY, S.R.N., S.C.M., H.V.Cert.

\*MRS. F. B. NEVILLE, S.R.N.

MRS. W. M. PETTS, S.R.N.

\*MRS. M. I. QUAYLE, S.R.N.

\*MISS C. SHINGLETON, S.R.N.

MRS. J. ST. CLAIRE-VERNAN, S.R.N., S.C.M., H.V.Cert.

MISS L. B. STEEL, S.R.N., S.C.M., H.V.Cert.

\*MISS D. VICKERS, S.R.N.

\*MRS. O. N. WAINWRIGHT, Trained Nurse, Sick Children.

MRS. E. WITTRED, S.R.N.

†MISS I. A. P. WYMER, S.R.N., S.C.M., H.V.Cert.

\*School nursing duties only.

†No school nursing duties.

**Tuberculosis Health Visitors:**

MRS. I. M. HERNE, S.R.N., S.R.F.N., S.C.M.

MISS I. WARD, S.R.N., S.C.M., H.V.Cert.

**Speech Therapists:**

MISS M. M. DIXON, L.C.S.T. (from 11.2.52).

MISS J. RUTT, L.C.S.T.

MISS D. M. WHITTARD, L.C.S.T.



**Senior Home Teacher and Visitor for the Blind:**

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.

**Home Teachers and Visitors for the Blind:**

MISS M. R. GREEN, Cert. College of Teachers of the Blind.

MISS K. M. HOLLIDAY, Cert. College of Teachers of the Blind.

MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.

MISS M. E. RISEBROOK, Cert. College of Teachers of the Blind.

**Home Help Organiser:**

MRS. E. A. KING, S.C.M.

**Occupation Centre Supervisors:**

MISS M. T. MEADE

MISS S. J. GEE

**Mental Health Worker:**

MISS J. M. R. BUXTON (to 12.7.52).

MRS. J. M. GRUBB (from 6.10.52).

**Home Teacher for Mental Defectives:**

MISS B. I. CUMING

MISS F. S. HURN (from 11.8.52).

**Superintendent Welfare Officer:**

C. J. TAYLOR

**Deputy Superintendent Welfare Officer:**

T. H. HIGHAM

**Local Welfare Officers:**

A. BOOTHMAN

S. H. BOUGHEN

J. COWELL

S. J. DODMAN

S. FRYER

C. J. GALLANT

V. C. HALL

D. R. INGHAM

V. K. C. KIRBY

J. G. LARWOOD

T. A. MAYFIELD

W. J. PEACOCK

F. L. RAY

R. S. REEVE

J. A. ROWE

**Chief Clerk:**

E. W. DURRANT

**SPECIALIST STAFF (Part-time).**

**Chest Physicians:**

W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

(Joint appointments with Regional Hospital Board.)

**County Analyst:**

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

# I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

ACREAGE	...	...	...	...	...	...	1,302,501
POPULATION—Estimated by Registrar-General (mid-1952)	...						372,700
PRODUCT OF PENNY RATE for general purposes (1951-52)	...						£5,943
RATEABLE VALUE for general purposes (1st April, 1952)	...						£1,483,930

## BIRTHS. (See Table 1.)

Live births—

Rate per 1000 of the estimated population ... 15.04

Still-births—

Rate per 1000 total (live and still) births ... 19.58

The following table shows the numbers of live births registered and the birth rates during the past five years:—

Year	Administrative County		Rate for England and Wales
	Net no. registered	Rate	
1948	6137	17.56	17.9
1949	5793	16.40	16.7
1950	5755	15.85	15.8
1951	5524	14.81	15.5
1952	5607	15.04	15.3

It will be noted that the birth rate rose during the year by 0.23 to 15.04 per 1000 of the estimated mid-year population, thus halting the downward trend which has been apparent since 1947. The comparable figure for England and Wales was 15.3 per 1000.

Still-births, numbering 19.58 per 1000 total (live and still) births, showed a welcome decrease of 4.27 on the previous year, and, with the exception of 1947, this is the lowest rate recorded in this county.

Illegitimate births comprised 5.28% of all live births and showed a small increase of 0.05% on the 1951 figure.

**DEATHS.** (See Tables 1 and 3.)

Deaths per 1000 of the estimated population ...	11.29
Deaths from pregnancy, childbirth and abortion:—	
Deaths—2. Rate per 1000 total (live and still) births ...	0.36
Death rate of infants under 1 year of age:—	
All infants per 1000 live births ...	28.18
Legitimate infants per 1000 legitimate live births ...	27.49
Illegitimate infants per 1000 illegitimate live births ...	40.54
Deaths from cancer (all ages) ...	677
Deaths from measles (all ages) ...	2
Deaths from whooping cough (all ages) ...	1

The following table gives a comparison of the number of deaths and death rates during the past five years:—

Year	Urban Districts		Rural Districts		Administrative County		England and Wales—Crude death rate
	No. of deaths	Crude death rate	No. of deaths	Crude death rate	No. of deaths	Crude death rate	
1948	846	11.99	3076	11.02	3922	11.22	10.8
1949	978	13.70	3399	11.99	4377	12.39	11.7
1950	893	12.37	3266	11.23	4159	11.46	11.6
1951	1012	14.17	3627	12.02	4639	12.44	12.5
1952	951	13.24	3256	10.82	4207	11.29	11.8

The crude death rate, at 11.29 per 1000 of the mid-year population, declined by 1.15 per 1000 as compared with the 1951 figure and, with the exception of 1948, is the lowest ever recorded in Norfolk. It approximated closely to the rate for England and Wales. The age distribution remained unchanged, 73% being persons of 65 years or over.

The main causes of death also showed little change, 38% being due to heart disease, 16% to cancer, 15% to vascular lesions of the nervous system and 7% to respiratory diseases other than pulmonary tuberculosis. Pulmonary tuberculosis accounted for 0.8% only, and has fallen steadily in recent years. The percentage of deaths from cancer, on the other hand, has remained stationary.

Maternal mortality, at 0.36 per 1000 live and still-births, is the lowest rate attained in this county and compares favourably with the national figure of 0.43 per 1000.

Infant mortality at 28.18 per 1000 live births also showed a decrease of 1.33 on the previous year's figure, the comparable rate for England and Wales being 27.6 per 1000.

67% of infant deaths occurred in the first month of life.





### ERRATA

Table 1, opposite page 10. Population figures should read:—

St. Faith's and Aylsham	...	37,810
Smallburgh	...	18,170

Page 13. Particulars for Area No. 9 should read:—

King's Lynn M.B.	...	26,173
Freebridge Lynn R.D.	...	10,997
		<hr/>
		37,170
		<hr/>

Page 32. 7th line from bottom of page, read "page 15."



## BIRTHS AND DEATHS.

TABLE 1.

County district.				Population 30.6.52	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Total deaths (all causes)
					Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	
MUNICIPAL BOROUGHS—																	
King's Lynn ... ..				26,020	429	34	463	3	3	6	10	1	11	5	—	5	311
Thetford ... ..				4,555	60	5	65	1	—	1	3	—	3	2	—	2	67
				30,575	489	39	528	4	3	7	13	1	14	7	—	7	378
URBAN DISTRICTS—																	
Cromer ... ..				4,764	66	7	73	2	—	2	—	—	—	—	—	—	52
Diss ... ..				3,472	62	—	62	2	—	2	2	—	2	2	—	2	49
Downham Market ... ..				2,572	45	7	52	—	—	—	—	—	—	—	—	—	70
East Dereham ... ..				6,473	105	3	108	1	—	1	7	—	7	6	—	6	62
New Hunstanton ... ..				3,490	65	6	71	3	—	3	2	—	2	1	—	1	54
North Walsham ... ..				4,610	57	1	58	2	—	2	—	—	—	—	—	—	66
Sheringham ... ..				4,604	56	2	58	3	—	3	1	—	1	—	—	—	67
Swaffham ... ..				3,006	33	3	36	—	—	—	2	—	2	1	—	1	37
Wells ... ..				2,620	53	3	56	2	—	2	3	—	3	3	—	3	35
Wymondham ... ..				5,614	78	2	80	—	—	—	1	—	1	1	—	1	81
				41,225	620	34	654	15	—	15	18	—	18	14	—	14	573
RURAL DISTRICTS—																	
Blofield and Flegg ... ..				37,550	351	17	368	9	—	9	7	—	7	5	—	5	351
Depwade ... ..				18,020	285	10	295	10	2	12	11	2	13	5	1	6	231
Docking ... ..				17,630	276	18	294	6	1	7	5	2	7	2	1	3	198
Downham ... ..				24,770	377	20	397	5	1	6	10	—	10	5	—	5	218
Erpingham ... ..				19,380	253	12	265	6	—	6	7	—	7	4	—	4	232
Forehoe and Henstead ... ..				23,470	311	10	321	5	1	6	3	1	4	1	—	1	259
Freebridge Lynn ... ..				10,920	188	7	195	2	—	2	8	1	9	6	1	7	146
Loddon ... ..				12,610	178	8	186	2	2	4	2	—	2	2	—	2	138
Marshland ... ..				16,250	239	13	252	5	—	5	2	—	2	—	—	—	120
Mitford and Launditch ... ..				18,530	256	20	276	5	1	6	10	—	10	9	—	9	251
St. Faith's and Aylsham ... ..				39,000	505	24	529	8	1	9	15	1	16	12	1	13	386
Smallburgh ... ..				16,980	237	16	253	8	—	8	14	—	14	11	—	11	195
Swaffham ... ..				8,830	134	12	146	1	—	1	5	—	5	3	—	3	93
Walsingham ... ..				23,910	317	23	340	2	—	2	9	4	13	6	4	10	226
Wayland ... ..				19,050	295	13	308	7	—	7	7	—	7	6	—	6	212
				300,900	4202	223	4425	81	9	90	115	11	126	77	8	85	3256
ADMINISTRATIVE COUNTY ... ..				372,700	5311	296	5607	100	9	112	146	12	158	98	8	106	4207



TABLE 2.

## VITAL STATISTICS 1933-52 (TWENTY YEARS).

Year	Live Births.			Still-Births.	Infantile Mortality.				Maternal Mortality.	Deaths.				
	Total for County.	Birth rate per 1000 pop.	Rate for England and Wales.		Sex-ratio (Males to 100 Females).	Rate per 1000 (all births).	Legit. (per 1000 legit. births).	Illegit. (per 1000 illegit. births).		Total (per 1000 live births).	England and Wales.	Rate per 1000 live and still-births.	Total for County.	Rate per 1000 pop.
1933	4698	14.59	14.4	106	43.42	53.14	57.97	53.43	64	2.76	4189	13.01	12.3	
1934	4893	15.23	14.8	109	36.80	44.48	91.60	47.01	59	4.14	3867	12.04	11.8	
1935	4784	14.88	14.7	104	34.71	40.87	70.04	42.43	57	3.43	3993	12.42	11.7	
1936	4802	14.85	14.8	104	39.98	43.67	77.55	47.48	59	5.39	4055	12.85	12.1	
1937	4878	15.01	14.9	102	35.78	47.18	50.54	47.35	58	1.42	4141	12.74	12.4	
1938	4861	14.93	15.1	106	36.28	37.63	71.09	39.08	53	1.98	3793	11.65	11.6	
1939	4907	14.94	15.0	107	36.25	39.59	80.85	41.57	51	4.01	4184	12.76	12.1	
1940	4992	14.74	14.6	106	38.33	45.91	71.43	47.00	57	1.67	4542	13.41	14.3	
1941	5221	15.32	14.2	105	31.06	45.25	34.92	44.63	60	2.12	4318	12.64	12.9	
1942	6031	18.25	15.8	108	31.58	39.50	63.13	41.05	51	1.12	4268	12.89	11.6	
1943	5807	17.70	16.5	109	28.77	38.40	70.85	41.16	49	1.84	4142	12.63	12.1	
1944	6611	20.06	17.6	102	25.64	31.00	50.00	36.00	45	1.92	4209	12.77	11.6	
1945	5969	18.38	16.1	110	29.45	37.85	63.56	41.38	46	1.30	4055	12.48	11.4	
1946	6612	19.79	19.1	104	24.63	29.75	49.73	31.46	43	1.66	4071	12.18	11.5	
1947	7090	20.84	20.5	105	18.95	34.22	70.26	36.39	41	0.97	4354	12.62	12.0	
1948	6137	17.56	17.9	103	24.63	30.51	50.06	31.61	34	0.79	3922	11.22	10.8	
1949	5793	16.40	16.7	106	21.62	26.78	51.06	27.44	32	0.67	4377	12.39	11.7	
1950	5755	15.85	15.8	106	20.59	25.42	30.67	25.72	29.8	0.51	4159	11.46	11.6	
1951	5524	14.81	15.5	104	23.85	28.68	44.22	29.51	29.6	0.88	4639	12.44	12.5	
1952	5607	15.04	15.3	101	19.58	27.49	40.54	28.18	27.6	0.36	4207	11.29	11.3	



**DEATHS BY AGE GROUPS—ADMINISTRATIVE COUNTY.**  
(Percentage of All Deaths)

Year	Age Group.					
	0—	1—	5—	15—	45—	65—
1933	5.9	2.4	1.4	9.1	19.5	61.5
1934	5.9	2.3	1.7	10.8	19.9	59.4
1935	5.1	1.5	2.0	9.4	19.8	62.2
1936	5.6	1.7	1.0	8.2	18.8	64.7
1937	5.6	1.4	1.3	8.7	19.6	63.4
1938	5.0	1.0	1.1	9.0	19.4	64.5
1939	4.9	1.0	1.0	8.1	19.0	66.0
1940	5.1	1.6	1.4	7.5	19.3	65.1
1941	5.4	1.7	1.4	8.3	19.1	64.0
1942	5.8	1.2	1.3	7.3	19.8	64.6
1943	5.8	1.6	1.2	6.6	18.4	66.4
1944	5.7	1.4	1.5	7.1	18.0	66.3
1945	6.1	1.2	1.3	6.5	18.7	66.2
1946	5.1	0.9	0.8	6.3	17.5	69.4
1947	5.9	0.5	0.9	5.4	17.4	69.9
1948	4.9	1.0	0.7	6.2	18.3	68.9
1949	3.9	0.8	0.6	5.1	16.7	72.9
1950	3.6	0.7	0.7	5.1	17.3	72.6
1951	3.5	1.0	0.8	4.9	16.5	73.3
1952	3.8	0.4	0.6	4.6	17.2	73.4

## II. AREA ADMINISTRATION.

In consequence of a circular issued by the Ministry of Health in June, 1951, the County Council considered, in consultation with the county district councils, the arrangements in force under Section 111 of the Local Government Act, 1933, for the employment of district medical officers of health and for the sharing of the services of whole-time medical officers employed in that capacity and as assistant county medical officers. Consideration was also given at the same time to matters arising from the Awards of the Industrial Court in respect of medical officers employed in the public health service.

It was agreed that, apart from transferring North Walsham Urban District from Area No. 2 to Area No. 1, the 9 areas into which the county had been divided for the purpose of appointing whole-time medical officers who would act as district medical officers of health and assistant county medical officers should remain unaltered.

The undermentioned allocation of the services of the medical officers was approved, the number of sessions for duties as district medical officer of health being arrived at by allowing one session (half-day) per week for each 12,000 population, plus half a session for each county district in the area exceeding two:—

DEATHS BY AREAS AND AGE GROUPS.

TABLE 3.

Cause of death	Municipal Boroughs		Urban Districts									Rural Districts														Total	Age at death									
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	New Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham		Walsingham	Wayland	0—	1—	5—	15—	25—	45—	65—	75—
Tuberculosis, respiratory ... ..	3	—	—	—	—	—	—	—	—	1	—	—	4	1	1	2	2	1	1	1	1	2	1	6	2	1	5	35	—	—	—	1	10	12	9	3
Tuberculosis, other ... ..	—	1	—	—	—	—	1	—	—	—	—	—	2	2	1	1	—	—	—	—	—	2	1	—	—	—	—	14	2	—	—	—	4	—	2	
Syphilitic disease ... ..	—	—	—	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	6	—	—	—	—	1	—	3	2	
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	
Meningococcal infections ... ..	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	2	—	—	—	—	—	
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
Measles ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	
Other infective and parasitic diseases ... ..	3	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	1	—	—	—	—	—	—	—	2	10	—	—	—	—	—	—	—	
Malignant neoplasm, stomach ... ..	12	2	1	—	3	1	—	2	1	—	—	3	8	7	10	3	2	5	3	4	6	8	11	5	3	6	2	108	—	—	—	—	1	29	38	40
Malignant neoplasm, lung, bronchus ... ..	11	—	3	2	1	—	1	1	1	—	—	—	2	5	2	5	7	5	1	4	3	6	10	1	4	2	1	78	—	—	—	—	5	46	18	9
Malignant neoplasm, breast ... ..	7	3	1	—	—	1	1	1	3	—	2	1	9	—	3	4	3	5	—	2	3	3	3	2	1	5	4	67	—	—	—	—	4	29	17	17
Malignant neoplasm, uterus ... ..	2	—	—	—	1	2	—	—	1	—	—	—	2	1	1	2	2	4	—	1	—	1	1	2	—	2	2	27	—	—	—	—	3	11	8	5
Other malignant and lymphatic neoplasms ... ..	31	8	2	8	4	7	5	8	5	2	3	10	42	19	19	22	24	18	14	15	11	25	40	12	9	11	23	397	—	1	2	4	19	114	127	130
Leukæmia, aleukæmia ... ..	1	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	1	1	—	1	—	3	1	3	—	1	3	18	—	—	1	4	—	3	5	
Diabetes ... ..	1	1	2	1	1	2	—	—	2	—	—	—	7	2	1	—	2	4	—	1	3	4	6	1	—	1	1	43	—	—	—	—	2	7	17	17
Vascular lesions of nervous system ... ..	40	9	9	6	23	9	14	15	7	7	4	10	47	40	24	27	34	42	18	18	16	39	67	35	14	37	37	648	—	—	—	—	8	89	187	363
Coronary disease, angina ... ..	36	10	14	3	4	8	9	9	13	4	3	12	35	24	34	14	30	33	22	13	7	29	41	11	10	22	23	473	—	—	—	—	4	102	168	199
Hypertension with heart disease ... ..	2	5	1	—	1	1	—	—	—	—	—	1	3	1	2	1	3	6	2	—	1	3	4	5	—	2	3	47	—	—	—	—	1	9	14	23
Other heart disease ... ..	48	8	7	12	11	7	5	13	23	7	3	26	75	63	31	46	49	67	26	42	32	44	67	63	15	50	27	867	—	—	—	—	3	10	44	179
Other circulatory disease ... ..	22	1	2	4	5	—	4	2	—	3	3	2	17	9	6	17	10	12	7	9	5	8	20	7	9	6	22	212	—	—	—	—	3	25	51	133
Influenza ... ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	1	—	1	—	2	1	1	1	1	11	—	—	—	—	1	2	2	6
Pneumonia ... ..	15	1	2	2	4	1	2	1	1	3	3	—	8	7	6	13	8	8	7	2	5	12	13	3	9	6	9	151	29	3	1	—	3	19	28	68
Bronchitis ... ..	13	3	—	1	—	2	1	1	1	1	2	1	13	6	7	9	1	6	6	5	1	7	9	4	4	8	3	115	1	1	—	—	—	17	34	62
Other diseases of respiratory system ... ..	2	—	1	—	—	1	—	—	2	—	—	1	1	1	—	1	—	4	3	—	2	—	2	—	1	1	2	25	—	1	—	—	4	9	4	7
Ulcer of stomach and duodenum ... ..	2	1	1	1	—	2	—	—	1	—	—	—	1	2	4	1	3	3	—	1	3	1	1	2	1	1	—	32	—	—	—	—	—	14	7	11
Gastritis, enteritis and diarrhœa ... ..	3	—	—	1	—	—	1	—	—	—	—	—	1	3	—	1	2	1	—	—	—	—	3	1	—	2	—	19	—	—	—	—	—	—	—	—
Nephritis and nephrosis ... ..	4	1	1	—	—	—	—	1	—	—	1	1	2	2	4	2	3	2	2	—	—	4	5	3	1	—	2	41	1	—	—	2	6	12	7	13
Hyperplasia of prostate ... ..	5	—	—	1	—	—	—	—	—	4	1	2	6	4	2	1	7	5	4	1	1	6	8	1	1	4	4	68	—	—	—	—	—	4	22	42
Pregnancy, childbirth, abortion ... ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Congenital malformations ... ..	2	—	—	—	—	2	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—
Other defined and ill-defined diseases ... ..	33	6	4	5	12	12	7	8	3	3	7	7	47	13	27	22	27	18	23	12	10	29	45	20	9	33	24	466	92	2	2	3	18	66	73	210
Motor vehicle accidents ... ..	—	—	—	—	—	—	—	2	1	—	—	1	1	5	4	3	4	1	1	—	2	6	2	2	—	3	3	41	1	2	7	10	7	3	4	
All other accidents ... ..	9	5	1	—	—	2	1	1	—	1	3	1	8	6	5	15	3	4	2	4	3	6	9	3	—	12	6	110	3	4	3	21	19	13	8	39
Suicide ... ..	1	2	—	—	—	1	1	1	1	1	—	2	4	2	1	2	4	3	—	1	1	3	4	3	—	2	—	40	—	—	—	—	5	23	8	3
Homicide and operations of war ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	—	—	—	—	—	—
All causes ... ..	311	67	52	49	70	62	54	66	67	37	35	81	351	231	198	218	232	259	146	138	120	251	386	195	93	226	212	4207	158	19	25	48	144	724	1039	2050





Area No.	Districts.	Population (1951 census— provisional figures).	Number of sessions per week.	
			As D.M.O.H.	As A.C.M.O.
1	North Walsham U.D. Blofield & Flegg R.D. Smallburgh R.D.	4,733 32,095 18,432 55,260	5	6
2	Cromer U.D. Sheringham U.D. Erpingham R.D.	4,658 4,803 19,513 28,974	3	8
3	East Dereham U.D. Mitford & Launditch R.D.	6,441 18,116 24,557	2	9
4	St. Faith's & Aylsham R.D. Forehoe & Henstead R.D.	37,623 23,369 60,992	5	6
5	Diss U.D. Wymondham U.D. Depwade R.D. Loddon R.D.	3,505 5,664 18,152 12,573 39,894	4½	6½
6	Thetford M.B. Swaffham U.D. Swaffham R.D. Wayland R.D.	4,445 2,863 10,605 19,221 37,134	4	7
7	Downham U.D. Downham R.D. Marshland R.D.	2,759 24,508 16,567 43,834	4	7
8	*Hunstanton U.D. Wells U.D. Docking R.D. Walsingham R.D. * Excluded for D.M.O.H. purposes	— 2,592 17,529 22,869 42,990	4	7
9	King's Lynn M.B. Freebridge Lynn R.D. † 1 Session added because of Borough and Port Health duties	26,173 37,170 10,997	† 4	7

The County Council pays these officers their full salaries and receives from the district councils the amounts for which they are responsible. In the two areas in which the apportionment of sessions as district medical officer of health was less than the county average of four sessions per week, the County Council agreed to pay the existing staff the difference between the appropriate salary for that number of sessions and the amounts paid by the district councils, in view of the fact that all the medical officers had previously been paid at the same rate and that the new rate of salary for duty as district medical officer of health was more than that for duty as an assistant county medical officer. It was also agreed that the County Council would pay, from 1st April, 1952, the whole of the travelling expenses of these officers instead of apportioning them.

### III. SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

#### GENERAL.

##### 1. ADMINISTRATION.

Part II of the Fourth Schedule of the National Health Service Act, 1946, requires every local health authority, i.e., each county council and county borough council, to establish a health committee and refer to it all matters relating to the discharge of the functions of a local health authority. A majority of the members of a health committee must be members of the local health authority.

The Norfolk County Council appointed a Health Committee consisting of 35 *members*, the constitution of which is now as follows:—

25 *members* of the County Council, including the Chairman and Vice-Chairman.

10 *members* representative of other bodies, viz:—

East Anglian Regional Hospital Board.

Norfolk Executive Council.

Rural District Councils' Association.

King's Lynn Borough Council.

Norfolk Local Medical Committee.

Non-County Boroughs' and Urban District Councils' Association.

British Red Cross Society & Norfolk County Nursing Association  
(joint representative).

St. John Ambulance Brigade.

Norfolk Federation of Women's Institutes.

Women's Voluntary Services.



The Health Committee has appointed a number of headquarters sub-committees whose present constitution and functions are as follows:—

*Maternity and General Welfare Sub-Committee (15 members).*

12 members of the Health Committee, including the Chairman and Vice-Chairman, at least 8 of whom must be members of the County Council. In selecting non-County Council members, consideration is given to members of the Health Committee representing the Regional Hospital Board, the Norfolk Executive Council and the Norfolk Local Medical Committee.

3 members nominated by the Norfolk County Nursing Association.  
*Functions.*

Section 22	...	Care of mothers and young children.
Section 23	...	Midwifery.
Section 24	...	Health Visiting.
Section 25	...	Home Nursing.

*Ambulance Services and Health Centres Sub-Committee (15 members).*

10 members of the Health Committee, including the Chairman and Vice-Chairman, at least 8 of whom must be members of the County Council.

5 members nominated by the Voluntary Ambulance Associations (British Red Cross Society, St. John Ambulance Brigade and Women's Voluntary Services).

*Functions.*

Section 21	...	Health Centres.
Section 27	...	Ambulance services.

*Mental Health Sub-Committee (15 members).*

All members must be members of the Health Committee, including the Chairman and Vice-Chairman, and at least 8 must be members of the County Council. In selecting non-County Council members, consideration is given to members of the Health Committee representing the Regional Hospital Board, the Norfolk Executive Council and the Norfolk Local Medical Committee.

*Functions.*

Section 51	...	Mental health services.
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*Disabled Persons and Domestic Help Sub-Committee (17 members).*

15 members of the Health Committee, including the Chairman and Vice-Chairman, at least 9 of whom must be members of the County Council. In selecting non-County Council members, consideration is given to members of the Health Committee representing the Norfolk County Nursing Association, the Women's Voluntary Services, the Norfolk Executive Council and the Norfolk Local Medical Committee.

2 members nominated by the Norwich Institution for the Blind.

*Functions.*

Section 26	...	Vaccination and immunisation.
Section 28	...	Prevention of illness, care and after-care.
Section 29	...	Domestic help.

*National Assistance Act, 1948.*

Section 29	...	Welfare arrangements for blind, deaf, dumb and crippled persons, etc.
Section 30	...	Voluntary organisations for disabled persons' welfare.

*Health Services Finance and Bills Sub-Committee (25 members).*

All the members of the Health Committee who are members of the County Council.

*Functions.*

General staffing matters.

Office accommodation and equipment.

General financial matters and passing of accounts.

*Water Supplies, Sewerage and General Public Health Sub-Committee (15 members).*

All members must be members of the Health Committee, including the Chairman and Vice-Chairman, and at least 8 must be members of the County Council. In selecting non-County Council members, consideration is given to members of the Health Committee representing the Rural and non-County Boroughs' & Urban District Councils' Associations.

*Functions.*

Housing.

Water supplies.

Sewerage.

Other non-National Health Service functions.

Acting upon the recommendations contained in the Ministry of Health Circular 118/47, issued in July, 1947, the County Council decided to divide the County into 9 areas, to set up an office in each area and to decentralise the day-to-day administration of certain services, more particularly the care of mothers and young children, vaccination and immunisation and domestic help. For administrative convenience there has also been decentralisation at officer level of certain school health service work.

The areas, with two exceptions, corresponded to those previously approved in connection with the appointment under Section 111 of the Local Government Act, 1933, of whole-time medical officers who would act as assistant county medical officers and district medical officers of health. Since then, one alteration has been made, the North Walsham Urban District having been transferred from Area 2 to Area 1. The areas are now as follows:—



Area.	Districts.	Mid-1951 population.	Address of Area Office.
1	Blofield & Flegg R.D. ... Smallburgh R.D. ... North Walsham U.D. ...	31,690 18,140 4,689	54,519 Aspland Road, Norwich.
2	Sheringham U.D. ... Cromer U.D. ... Erpingham R.D. ...	4,636 4,675 19,230	28,541 1, Norwich Road, Cromer.
3	Mitford & Launditch R.D. ... East Dereham U.D. ...	18,140 6,469	24,600 Isolation Hospital, East Dereham.
4	Forehoe & Henstead R.D. ... St. Faith's and Aylsham R.D. ...	23,330 37,530	60,860 Aspland Road, Norwich.
5	Depwade R.D. ... Loddon R.D. ... Diss U.D. ... Wymondham U.D. ...	23,330 12,660 3,448 5,650	39,838 Aspland Road, Norwich.
6	Swaffham R.D. ... Wayland R.D. ... Swaffham U.D. ... Thetford M.B. ...	8,840 20,830 2,923 4,456	37,049 Tanner Street, Thetford.
7	Downham R.D. ... Marshland R.D. ... Downham U.D. ...	25,050 16,380 2,675	44,105 The Howdale, Downham Market.
8	Docking R.D. ... Walsingham R.D. ... New Hunstanton U.D. ... Wells U.D. ...	17,450 23,270 3,361 2,577	46,658 The Rectory, Wells-on-Sea.
9	Freebridge Lynn R.D. ... King's Lynn M.B. ...	10,980 25,850	36,830 15, Nelson Street, King's Lynn.
Total		373,000	

A Local Health Sub-Committee was appointed for each area, the constitution being as follows:—

County Council members	...	6 (7 in Area 7)
Appointed by County District Councils	...	6
Nominated by professional & voluntary bodies		7
		—
		19 (20 in area 7)
		—

Slight alterations of representation have been made since, and the present constitution is as follows:—

County Council members	...	...	6 (7 in Area 7)
County District Councils	...	...	6 (7 in Area 1; 5 in Areas 2 & 7)
Professional and voluntary bodies	...	...	7 (6 in Area 9)
			—
			19 (20 in Area 1;
			— 18 in Areas 2 & 9)

The professional and voluntary bodies represented on these sub-committees are as follows:—

East Anglian Regional Hospital Board  
Norfolk Executive Council.  
Norfolk County Nursing Association.  
British Red Cross Society.  
St. John Ambulance Brigade.  
Norfolk Federation of Women's Institutes.  
Women's Voluntary Services.  
British Medical Association.

The main functions of these sub-committees have been:—

(a) To consider and make recommendations on any matter arising in their area relating to the administration of the County Council's functions under the National Health Service Act, 1946, and Section 29 of the National Assistance Act, 1948.

(b) To foster co-ordination of the voluntary and statutory agencies providing health services in their area, to publicise such services and encourage their use.

(c) To authorise minor items of expenditure.

These sub-committees have been meeting at quarterly intervals, except for one sub-committee which at one time held a meeting every six weeks.

As a result of a report by the County Councils Association on the simplification of county administration, consideration has been given recently to the necessity for the retention of Local Health Sub-Committees. The County Council has decided to continue them as Local Health Advisory Sub-Committees, meeting twice a year, with a third meeting if necessary, and their functions are now under consideration.

The staff of the Health Department of the County Council, which is responsible for the administration of the local health services, comprises, in addition to the County Medical Officer, the following:—

Deputy County Medical Officer	Responsible for general control, supervision and co-ordination.
Senior Medical Officer	... Responsible for the general oversight of the mental health service.
Senior Assistant Medical Officer	Assists deputy county medical officer and senior medical officer.



Senior Dental Officer	... Responsible for co-ordinating the treatment of mothers and young children with the school dental service.
Superintendent Nursing Officer	Is also Superintendent of the County Nursing Association which acts as the agent of the County Council for the provision of midwifery and home nursing services and a considerable part of the health visiting service.
Superintendent Welfare Officer	Is the chief executive officer for the mental health service and is responsible for the supervision of the work of the welfare officers who are also duly authorised officers.
Home Help Organiser	... Supervises the work of the home helps and co-ordinates the service provided under Section 29 of the Act.

As already explained, each of the nine local health offices is in the charge of the Assistant County Medical Officer for the area and he exercises general co-ordination and supervision at that level and co-ordinates the services locally.

The Council has no joint arrangements with other local health authorities for the administration of local health services.

## 2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

Co-ordination between the local health authority services, the hospital and specialist services and the general practitioner services, is achieved at member level by the provisions which have been made for the constitution of regional hospital boards, hospital management committees, executive councils, and health committees established by local authorities. The constitution of most of these bodies provides for representation by the others or for the appointment of members after consultation with them. There was in any case bound to be a considerable number of people serving on two or more of the bodies concerned with different aspects of the National Health Service.

Good relations have been established at officer level between the three branches of the service but there is a definite need for a more comprehensive knowledge on the part of chief officers of what is being done by the other bodies. This could be accomplished by the circulation of agendas and by giving the chief officer of each body the opportunity of attending meetings of the others or of sending a deputy.

Reference is made in the report on "Particular Services" of the co-operation which is taking place between the staff of the local health authority, the hospitals and the general practitioners. Most cases requiring a specialist's opinion are referred to the specialist by the family doctor but in the case of young children who, it is thought, should be seen by an eye



specialist, arrangements are made by the health department after obtaining the doctor's approval. The hospitals supply information regarding some, but not all, young children who receive in-patient treatment and are always prepared to give reports which are specially asked for. Prompt notification is given by the hospitals of the discharge of maternity cases and of patients who need home nursing. Contact is also made with the department if home help is required on leaving the hospital so that this may be available when the discharge does take place. The staff who undertake midwifery and home nursing are in close touch with the general medical practitioners and there is a mutual interchange of information; close liaison is also maintained on health visiting problems.

The services of the local welfare officers are available in relation to the admission of chronic sick cases to hospitals and, as officers of the Welfare Committee, they deal with the admission of Part III cases to Old People's Hostels and County Homes. There is a very close link between these officers and the general practitioners and when the question arose of the arrangements for the admission of chronic sick cases being diverted from the welfare officers, the general practitioners were amongst the first to say how much the services of the welfare officers had meant to them in this connection and that they would like them to continue to assist with their cases. These officers are in day-to-day contact with the general public in many capacities and are always available to give advice and assistance. The establishment of local health offices at nine places throughout the county has made contact on an area level possible on a personal basis.

A guide to the local health and other allied services has been prepared and is being distributed this month (March, 1953). A copy of this is enclosed.

### 3. JOINT USE OF STAFF.

Doctors in general practice are employed on a sessional basis at 11 welfare centres where sessions are held monthly. In addition, one medical woman is employed 9/11ths whole-time on a proportionate salary basis. She is engaged mainly on school health service work but also acts as medical officer to infant welfare centres. 2/11ths of the salaries and expenses of the chest physicians employed by the Regional Hospital Board are paid by the County Council in respect of the chest physicians' services under Section 28 of the Act for the prevention of tuberculosis and for the care and after-care of persons suffering from tuberculosis. The services of the consultant psychiatrist and other staff at the Little Plumstead Mental Deficiency Colony are also utilised without any charge being made, in the carrying out of the Council's duties under Section 51 of the Act.

### 4. VOLUNTARY ORGANISATIONS.

The Norfolk Branches of the St. John Ambulance Brigade and the British Red Cross Society act as the agents of the County Council in providing the ambulance service for other than cases of infectious disease. These two organisations and the Norfolk Branch of the Women's Voluntary Services provide many of the volunteer owner-drivers operating the sitting-case car service, and representatives of these three bodies, with equal representation from the County Council, form a joint ambulance committee.

The Norfolk County Nursing Association provides midwifery, home nursing and health visiting services on an agency basis. The County Council has 4 representatives on an Executive Council of 21 members.



Agency arrangements with the St. John Ambulance Brigade and the British Red Cross Society are in operation for the loan of nursing equipment through some 200 depots.

Members of the British Red Cross Society, the St. John Ambulance Brigade, the W.V.S., and the Women's Institutes give valuable assistance at the Council's infant welfare centres.

The Norwich and Ely Diocesan Councils for Moral Welfare assist in the Council's schemes for the care of unmarried mothers and their children, and are paid annual grants towards their administrative costs.

At area level, the local welfare officers are in close touch with the voluntary organisations, particularly in regard to their general welfare work, and the voluntary societies are able to provide assistance which is not always available from statutory sources. The W.V.S. is helpful in providing clothing in necessitous cases and has also arranged for "tired mothers" to go away for a holiday at the W.V.S., Home at Northampton. The British Red Cross Society and St. John Ambulance Brigade are always willing to help with lonely people and handicapped persons, and give assistance in a great many ways. Although the Council's arrangements for the welfare of old people fall largely under the National Assistance Act, there is a definite link in this work with care and after-care under Section 28 and it is interesting to observe that in this field the voluntary Old People's Committees in the county now number over 100 and that the Council's local welfare officers have been very closely connected with the establishment of the Committees and in the organisation of Old People's Clubs and visitors' schemes. One of the directions in which it is considered there should be an extension of services to old people is in regard to chiropody which, it is understood, cannot be provided by the hospital service unless some other treatment is involved. The Welfare Committee of the Council has introduced chiropody for old people at County Homes and Hostels and some voluntary committees are working schemes for their members at reduced charges but there is a need for this service to be much more widely organised and linked with the local authority's health services.

As mentioned in the mental health section of the survey, the British Red Cross Society has given some assistance in regard to home teaching of mental defectives and various voluntary bodies have assisted with the provision of helpers at day occupation centres.

## **PARTICULAR SERVICES.**

### **5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.**

*Expectant and nursing mothers.* The Council has no ante or post-natal clinics. In cases where a midwife has been booked for the confinement, general medical practitioners whose names are on the Executive Council's obstetric list carry out the necessary examinations, either in their surgeries or in the homes of the patients. If, however, for medical or sociological reasons a patient is referred to hospital for the confinement, ante-natal examination is carried out at the hospital clinic. The number of cases examined by general medical practitioners under the Council's scheme has shown a marked decline since the introduction of the National Health



Service Act as many mothers are taking advantage of the facilities provided under Part IV of the Act. In all cases where the medical practitioner obstetrician indicates the need for a second opinion, full use is made of the hospital's obstetric consultant service.

Since the latter part of 1951, venules for taking specimens of blood have been issued to midwives for the use of general practitioners carrying out ante-natal examinations. The specimens taken by the practitioners are dispatched by the nurses to the regional office of the National Blood Transfusion Service. Medical practitioners are co-operating and it is hoped that before very long the taking of a specimen of blood will be regarded as a routine procedure at the ante-natal examination of patients who have not previously been blood grouped.

The Council does not employ moral welfare workers for the care and training of unmarried mothers. The Norwich and Ely Diocesan Councils for Moral Welfare act for the Council in this respect and annual grants are paid for the services provided. The six moral welfare workers employed by these voluntary organisations do most useful work investigating and reporting upon the needs of all cases referred to them. Assistance is given in finding suitable posts where the mothers can have their children with them, with adoption where this is desired, and in obtaining affiliation orders. This arrangement has been in force for many years and has proved most satisfactory.

Arrangements are made for girls to be admitted to moral welfare hostels for special care and training when the home conditions or other circumstances render such action desirable. The girls are usually admitted 6—8 weeks before confinement and stay for a similar period after, the Council accepting responsibility for payment of the balance of maintenance charges which cannot be recovered from the girls or other sources. Unmarried mothers are generally encouraged to keep their children and those who take their children with them after hostel care are given grants of one-half (up to a maximum of £10) of the contribution they have paid towards their maintenance, to assist with the provision of a cot, pram, etc.

The number of unmarried mothers assisted shows very little variation from year to year but the percentage requiring admission to moral welfare hostels dropped from 47% in 1949 to 27% in 1951.

No other special steps are taken to provide mothercraft training but midwives and health visitors are always available to assist mothers with any problems and difficulties that arise.

The Council, through the County Nursing Association, provides maternity outfits for all domiciliary confinements. These outfits are of a standard type conforming to the minimum requirements given in the appendix to Ministry of Health Circular 99/50. The outfits are distributed by the midwives attending the confinements.

*Child Welfare.* Careful consideration has been given to ways and means of providing child welfare centre facilities to all who need them. Experiments were carried out in 1949 with the provision of transport for mothers and children from outlying villages, but this proved too expensive. It was then decided to retain the 49 centres in the more thickly populated places, with a



medical officer in attendance, and to establish a series of monthly "village" centres staffed by the local district nurses in their capacity as health visitors. This scheme has been developed during the past three years and some 126 of these supplementary "village" centres have been established. By this means, infant welfare facilities have been made generally available. It has now been decided further to revise the scheme by discontinuing the classifications of "main" and "village" centres and calling them all "infant welfare centres," a medical officer to attend where the average number of children at each session justifies this. Essential equipment is now being provided for the former "village" centres.

In addition to the centres already mentioned, there are some 30 others which are carried on independently of the Council's scheme. The Council is also co-operating with the R.A.F. and U.S.A.A.F. by supplying nursing staff, welfare foods and medicaments at 7 centres catering for the families of air force personnel.

During 1952, 38 centres were attended by members of the Council's medical staff and a further 11 by general practitioners employed on a sessional basis. Valuable assistance is given at the centres by interested local persons often connected with the W.V.S., the Women's Institutes and local detachments of the British Red Cross and St. John Ambulance Brigade. This help is very much appreciated and is essential to the successful running of the centres.

The Isle of Ely County Council has continued to provide facilities at the Wisbech Centre for mothers and young children living in the adjacent part of Norfolk.

Sales of welfare foods and the free issue of medicaments during the last three years are illustrated in the following table:—

WELFARE FOODS. (At cost price.)

				1952.	1951.	1950.
Dried Milk	...	...	(lbs.)	36,308	34,469	31,659
Cereals	...	...	(lbs.)	3,717	3,695	2,680
Brand's Strained Foods	...	...	(lbs.)	50	59	66
Brestol	...	...	(lbs.)	33	39	90

MEDICAMENTS. (Free on medical recommendation.)

Virol	...	...	(lbs.)	6,735	6,551	6,452
Maltoline	...	...	(lbs.)	3,579	4,237	3,191
Maltoline and Iron	}	...	(lbs.)	650	506	548
Glucose D.	...	...	(lbs.)	5,713	5,548	3,772
Lactagol	...	...	(lbs.)	531	217	194
C.L.O. and Malt	...	...	(lbs.)	65,500	70,200	63,100
Iron tablets	...	...		23,280	44,700	45,000
Calcium tablets	...	...		15,650	5,250	9,000
Vitamin C. tablets	...	...		50	—	—
Adexolin capsules	...	...	(c.cs.)	15,896	10,256	8,648
Adexolin liquid	...	...	(fl. ozs.)	1,830	2,950	2,870
Parrish's Food	...	...				

Welfare foods provided under the Government Welfare Foods scheme are distributed at some infant welfare centres by voluntary workers who make their own arrangements with the local food officers for obtaining the necessary supplies.

*Care of Premature Infants.* Two Queen Charlotte type oxygen tents have been provided by the Council for domiciliary use for premature infants. One is stored at headquarters and the other at the King's Lynn Local Health Office and they can be obtained with supplies of oxygen at short notice at any time of the day or night.

The whole-time services of a district nurse are made available in any case where an oxygen tent is brought into domiciliary use, her normal duties in the district being undertaken temporarily by a relief nurse.

*Dental Care.* Owing to the difficulty of recruiting dental officers, the Council's dental staff has remained considerably below strength for several years and at the present time a dental service for the priority classes is being provided by the County Council for only approximately one-half of the county. Cases dealt with in the past year are as follows:—

<i>Expectant and Nursing Mothers</i>				43
Dentures	...	...	...	26
Fillings	...	...	...	42
Dressings	...	...	...	6
Extractions	...	...	...	215
Scalings	...	...	...	2
General anæsthetics	...	...	...	11
<i>Pre-School Children</i>				126
Advice	...	...	...	3
Fillings	...	...	...	1
Dressings	...	...	...	194
Extractions	...	...	...	210
General anæsthetics	...	...	...	26

The Council has never relaxed its efforts to obtain the necessary dental staff. Repeated advertisements have proved of little avail, due to the inability of local health authorities to offer financial inducements comparable to those of private practice. An attempt was made to arrange with the Local Dental Committee for dental practitioners to undertake work on behalf of the County Council, but these negotiations were unsuccessful, due to the practitioners' insistence upon working in their own surgeries only.

*Nurseries and Child-minders Regulation Act, 1948.* There were, at the end of the year, five registrations with the Council under this Act, with facilities for forty children (two premises for a total of eight children and three daily minders for a total of thirty-two children).

The persons responsible for the care of children at these homes are asked to attend at intervals for X-ray examination. Occasional visits are made by members of the Council's medical and nursing staff.

*Birth Control.* The Norwich Mothers' Clinic and the Cambridge Clinic organised by the Cambridge Women's Voluntary Association provide constructive birth control facilities for Norfolk mothers on an annual grant basis. Mothers in general make their own arrangements for attending at either of these clinics but appointments are arranged by the Council in cases specially referred by medical practitioners.



*Infant Methæmoglobinæmia.* This condition, which is peculiar to artificially fed babies, is caused by the high nitrate content of water used for drinking purposes. While schemes for providing piped water supplies are being brought into operation in many parts of the county, a high percentage of water supplies is still obtained from shallow wells. A scheme has accordingly been instituted whereby the drinking water of all artificially fed infants is examined for nitrate content where supplies are not drawn from a public mains supply. If the water is unsatisfactory, an alternative safe supply is found. The water supply in respect of 260 artificially fed infants has been investigated during the year. In 105 instances the water supply was unsafe and in all these a safe alternative supply was found.

6. DOMICILIARY MIDWIFERY.

The Norfolk County Nursing Association, as agent of the Council, provides the domiciliary midwifery service. 4 whole-time midwives and 139 district nurse/midwives were employed by the Nursing Association at the end of the year.

Notice of intention to practise in the county was received from 254 midwives, 16 ceased to practise, and at the end of the year there were 238 on the register compared with 218 at the end of 1951.

The Superintendent Nursing Officer (who is also the Nursing Association's Superintendent) and the three assistant nursing officers act as non-medical supervisors of midwives and 453 visits of inspection were made during the year to midwives employed by the Nursing Association. The Superintendent Nursing Officer periodically visits maternity and nursing homes where lying-in cases are taken, in accordance with the requirements of Section 23(1) of the National Health Service Act, 1946, and Section 17 of the Midwives Act, 1951.

At the end of 1952, 128 domiciliary midwives (all of them employed by the County Nursing Association) practising in the county were qualified to administer gas and air analgesia, an increase of 3 during the year. 123 machines are in use and analgesia was administered in 1,865 cases (1,125 midwifery and 740 maternity), compared with 1,675 in the previous year. The midwives employed by the Association provide domiciliary ante-natal supervision for expectant mothers, recording the results of their examinations on the appropriate form, which is available if a general practitioner attends the confinement and is forwarded to hospital if the confinement is to take place there. Visits made during the past three years were—

				Maternity and Midwifery.	Ante- and Post-Natal.
1952	...	...	...	63,236	28,670
1951	...	...	...	64,272	28,230
1950	...	...	...	64,581	27,303

The domiciliary midwives act as maternity nurses in cases engaging the services of a doctor who is present at the confinement.

The training of pupil midwives is not undertaken. Midwifery staff is obtained by advertisement.



Maternity accommodation is provided by the various hospital management committees as follows:—

Hospital Management Committee.	Institution.
Norwich, Lowestoft and Great Yarmouth.	West Norwich Hospital. Norfolk & Norwich Hospital. Drayton Hall.
King's Lynn Area ... ..	Queen Elizabeth Maternity Unit, Kings Lynn. Stow Hall.
Cromer Area ... ..	Longacre Maternity Home, West Runton.
Ipswich Group ... ..	Hartismere House Maternity Home, Eye.

The County Council has adhered consistently to the policy of encouraging domiciliary confinements wherever possible and only those midwifery cases where the home conditions definitely preclude domiciliary confinement are referred to the hospital management committees for accommodation to be provided. During 1951, it was found that the demand for maternity accommodation by general medical service patients was making very heavy inroads upon the available beds, and difficulty was arising in obtaining accommodation for those midwifery cases requiring beds on sociological grounds. Accordingly, consultations took place with the Regional Hospital Board and the Local Medical Committee and arrangements were made in accordance with Ministry of Health Memorandum RHB(51)74 for the Council to provide, at the request of the hospitals, reports upon social and environmental conditions in general medical service maternity cases referred for admission for other than medical reasons. This scheme was brought into operation from 1st January, 1952. All cases referred by the hospitals are visited by the midwives, reports are made and recommendations forwarded to the appropriate hospital. In this way, a uniform standard of assessment of need for maternity accommodation in hospitals has been established. The "vetting" of cases has resulted in reduced demands upon the maternity beds and has assured accommodation being available for all cases where the home conditions are unsuitable.

The Norfolk County Nursing Association arranges for midwives employed by the Association to attend refresher courses at intervals in accordance with the needs of the persons employed and with the vacancies available at the courses. Similarly, the Council makes arrangements for the supervisory staff to attend refresher courses from time to time.

## 7. HEALTH VISITING.

Most of the staff employed by the Norfolk County Nursing Association for midwifery and home nursing work also undertake health visiting duties in their areas. It is estimated that the time devoted to health visiting work by the 119 nurses employed on these combined duties is equivalent to the service of 24 whole-time officers.

In addition, the undermentioned are employed directly by the County Council:—

2 full-time health visitors employed solely on duties under Section 24 of the Act.

11 full-time health visitors who also undertake school nursing duties.

1 part-time health visitor who also undertakes school nursing duties.



The services of these officers are equivalent to the services of 9 officers employed whole-time on health visiting.

2 other health visitors devote all their time to tuberculous patients. There are also 8 nurses employed whole-time on school health service work.

It is estimated that apart from the staff required for the visiting of tuberculous patients, 40 whole-time officers would be required if they were employed solely on health visiting and school nursing duties. The County Council intends to develop the separate health visiting service as suitably qualified staff become available.

The Council's health visitors are asked to report upon any children requiring special attention and are instructed to advise parents to consult their own doctors. In all cases referred to headquarters, general practitioners are informed of the health visitors' findings and they are asked whether they will make the necessary arrangements for specialist examination or whether they would prefer the Council to arrange this.

The Council is prepared to grant scholarships to enable suitable candidates to obtain the health visitors' certificate, provided they undertake to work for at least two years in Norfolk after qualifying. The number of candidates coming forward for such scholarships is, unfortunately, very few and only 3 have been assisted in this way during the last three years.

Arrangements are made for the health visitors to attend refresher courses at reasonable intervals.

#### 8. HOME NURSING.

The Norfolk County Nursing Association also acts as the agent of the Council for this service. Four nurses devote the whole of their time, and the district nurse/midwives approximately one-third, to this work. The district nurses work in the closest possible co-operation with the general practitioners and also provide the immediate domiciliary link with the hospitals for patients requiring nursing care after discharge. There is no scheme for the provision of night nurses but the district nurse/midwife is always on call for urgent cases. The main types of cases attended by home nurses are medical, surgical and general sickness.

#### 9. VACCINATION AND IMMUNISATION.

*Vaccination.* Every effort is made to ensure that the vaccination of infants is carried out within the first six months of life. The need for infant vaccination is brought to the notice of the parent when registering the birth of the child by means of a simply worded leaflet supplied by the County Council, which is issued to the parent by the registrar with the consent of the Registrar-General. In addition, posters supplied by the Central Council for Health Education are displayed at infant welfare centres and in the waiting rooms of general practitioners' surgeries. Furthermore, health visitors, district nurses and medical officers of the infant welfare centres constantly endeavour to secure parental consent to children being vaccinated. Despite all these efforts, however, the response cannot be regarded as satisfactory. It is estimated that only the equivalent of about one-third of the children born in 1952 were vaccinated in this county during the year. In 1951 the percentage was 35.4 as against 20 and 23.4 in 1949 and 1950 respectively.



*Diphtheria Immunisation.* The advantages of children being immunised against diphtheria before they attain the age of one year are also brought to the notice of parents when births are registered and the efforts of the district nurses, health visitors and medical officers of infant welfare centres are also directed towards the target of 100% immunisation. Central Council for Health Education posters are displayed at the infant welfare centres and at other places likely to catch the public eye. Considerable use is made of literature obtained from the Central Council for Health Education and particularly of the "first birthday" card which is sent to the parents of children who have not been immunised. This card has drawn favourable comment from parents from time to time and has produced useful results.

The need for "boosting" injections is also continually brought to the notice of parents through the staff already mentioned, while every effort is also made to secure parental consent to these injections at the periodic medical inspection of school children, arrangements often being made for injections to be given at the end of the inspection.

Parents are offered the choice of having their children immunised by their own doctor or by a member of the Council's medical staff.

*Immunisation against Whooping Cough.* The Council has kept in close touch with developments towards the production of a prophylactic designed to give maximum protection against whooping cough. Favourable reports having been received from the Medical Research Council during the year, the County Council has consulted the Ministry of Health and is now awaiting formal approval to the inclusion of vaccination against whooping cough in the Council's proposals under Section 26 of the National Health Service Act. It is proposed to make both the separate antigen and the new combined suspended diphtheria-pertussis prophylactic available for use by the Council's medical staff and by the general practitioners.

#### 10. AMBULANCE SERVICE.

Apart from the transport of cases of infectious disease, the ambulance service is provided on an agency basis by the St. John Ambulance Brigade, British Red Cross Society and Women's Voluntary Services, working through a joint ambulance committee. The costs of the various ambulance stations operating under the agreement were carefully examined during the year and it was found that although the rate of 1/6d. per mile was still adequate in some areas, it was below the running costs in the more urbanised districts; in consequence, the rate was increased by an additional 3d. per mile over the actual running costs where these exceeded 1/5d per mile.

The demands upon the ambulances have not fluctuated to any appreciable extent in the past two years and the average mileage during 1952 showed little change from that of the previous year, despite an increase in the number of patients conveyed.

The Health Committee has always kept a very careful watch upon the use of cars and has enlisted the aid of hospital staffs and medical practitioners to ensure that cars are provided only for those patients who, for medical reasons, are unfit to travel by other means. The fullest possible use is also made of rail services for long distance journeys. Increases in the price of petrol, and general running costs have led to a revision of the mileage rates during 1952 and the rate paid to volunteer car drivers was increased



from 7d. to 7½d. per mile from the 1st April, 1952, with the proviso that the rate for non-commercial drivers should be reduced to 6d. per mile after 800 miles in any month.

The average number of patients carried each month by the hospital car service showed a welcome decrease in 1951 compared with that for the previous year, and this decrease was also reflected in the average monthly mileage. Unfortunately, however, during 1952, the average monthly number of cases conveyed and the average monthly mileage both showed substantial increases over the previous year and exceeded the 1950 figures. Comparative figures for the 3 years are:—

			Monthly Average.	
			Patients.	Mileage.
1952	...	...	2,904	89,197
1951	...	...	2,494	80,230
1950	...	...	2,716	87,563

In addition to the owner-drivers undertaking this voluntary service, a number of medical practitioners in the county have enrolled in the scheme to enable them to convey emergency cases to hospital at times when the normal car service facilities are not available. Few cases of this nature have arisen, but the readiness of doctors to enrol and to convey cases as they arise, fills a loophole in the voluntary car service and avoids recourse to the use of ambulances at considerably higher cost.

*Infectious Disease Transport.* The Council provides this transport by means of two ambulances, one stationed at King's Lynn and the other at East Dereham; at the latter place there is also a sitting-case car.

Calls upon the infectious disease vehicles show little change from year to year.

*Mutual Assistance Arrangements.* The County Council has agreed, in conjunction with other county ambulance authorities, to pay and to charge national rates of 2/- per mile for ambulances and 9d. per mile for cars.

*National Health Service (Amendment) Act, 1949.* The Norwich Authority gave notice to the Council of their intention to terminate, with effect from 1st July, 1952, the existing agreement for the transport of Norfolk cases from Norwich Hospitals, in view of the rising costs of the ambulance service. Representatives of the County Council and the Norwich Corporation discussed the problem, it being felt that, in the interests of economy, greater use should be made of Norfolk vehicles returning from the Norwich hospitals, either empty or with vacant places. Finally, it was agreed that the County Council should reimburse the Norwich Authority at the rate of 2/4d. per mile for ambulances and 1/4d. per mile for sitting-case cars, subject to adjustment when the actual expenditure for 1952/53 becomes available. It was further agreed that there should be closer liaison between the two authorities with a view to greater use being made of Norfolk returning vehicles. The City and County ambulance control rooms are now linked by a direct telephone line and there is a constant exchange of information between the Norwich hospitals and the City and County control rooms concerning the movement of Norfolk ambulances and cars and the discharge of Norfolk patients in need of special transport. By this means, it is hoped that a substantial saving will be effected. This arrangement became fully operative from 1st January, 1953.



## 11 PREVENTION, CARE AND AFTER-CARE.

*Tuberculosis.* The County Council has made arrangements whereby the services of the chest physicians, Dr. W. B. Christopherson and Dr. G. F. Barran, are available to the Council as joint-user with the Regional Hospital Board. The Council employs two whole-time tuberculosis health visitors who attend all the clinics in their respective areas in order to ensure the closest liaison and co-ordination between treatment and after-care, and between specialist and local authority. These health visitors also undertake domiciliary visitation at the request of the chest physicians and furnish environmental reports concerning housing conditions, milk supply, sanitary conditions, contacts, etc., through headquarters to all concerned, including the district medical officers of health.

In general, patients who receive hospital treatment for pulmonary tuberculosis are fully aware of the precautions which they should take to prevent the spread of infection to other members of the household. The tuberculosis health visitor plays a prominent part in advising patients who do not receive hospital treatment in this very important matter. Where the housing conditions preclude a patient from having a separate bedroom, a garden shelter can be loaned by the Council. The local housing authorities give priority to re-housing such cases wherever possible.

Notices of admission to sanatoria are received some days before the patients are admitted. This information is passed to the district medical officers of health who are able to arrange for fumigation of the patients' bedrooms immediately after their admission to hospital.

The Council has a scheme whereby patients are supplied free of charge with maltoline and iron or cod liver oil when recommended by the chest physician, and milk is also supplied where the household circumstances do not permit of adequate supplies being purchased.

Both the chest physicians arrange for contacts to have B.C.G. vaccination where necessary, and the Council has powers to board-out children during B.C.G. vaccination when segregation from the sufferer in the child's own home is not possible and where there are no relatives who can take the child during this period. The chest physician for the west of the county has also carried out B.C.G. vaccination on a number of school leavers who were negative reactors to the tuberculin test.

The number of cases of tuberculosis notified has shown little change over the past five years but the case rate has shown a very slight but steady decline in relation to the increasing population.

The Council's proposals under this section of the Act provide for the payment of rehabilitation fees at colonies for cases recommended by the chest physicians and accepted as suitable by the colonies. The number of cases recommended for, and accepting, rehabilitation has shown a steady increase during the past year or two, the Council at the end of 1952 being responsible for such cases at Papworth Village Centre, the Enham-Alamein Village Settlement and Preston Hall, Maidstone.

The recommendations of the Ministry of Health contained in Circular 64/50 of 3rd July, 1950, have been adopted. Apart from school teachers, officers whose duties will bring them into close contact with children have an X-ray examination of the chest at the time of their appointment. Further



examinations are arranged periodically (annually where this is possible) when use can be made of the Mass Miniature Radiography Unit. The examinations on appointment are usually carried out by a radiologist in private practice or at one of the hospitals.

*Illness Generally.* The Council arranges for the follow-up of definite cases and contacts of venereal disease when requested by the specialist concerned. Information under confidential cover is exchanged with the medical officers of the treatment centres, and the services of the assistant superintendent nursing officers and the local welfare officers are utilised in the follow-up of female and male cases respectively.

The Council arranges for nursing or sick-room equipment to be loaned to patients through a number of medical loan depots established throughout the county by the Norfolk branches of the British Red Cross Society and the St. John Ambulance Brigade, who act as agents of the Council for this purpose. A scale of weekly charges has been agreed, and the Council reimburses the voluntary organisations quarterly in accordance with the amount of equipment loaned. No charge is made to the patients.

No limit is placed upon the period of loan, but patients requiring wheel chairs for prolonged use are referred to the Ministry of Pensions, the equipment being provided through the Council's scheme as a temporary measure until a permanent allocation can be made by the Ministry.

From time to time special major items of equipment are required outside the normal scope of the medical loan depots. In such cases the Council is prepared to consider assisting with the purchase, or to purchase and loan the equipment. An adult cot and a cardiac bed have recently been purchased by the Council and loaned in this manner.

The Council has agreed to accept financial responsibility for patients requiring "recuperative convalescence" in convalescent homes of the "holiday home" type providing rest, good food, fresh air and regular hours. Such cases are referred to the Council by medical practitioners, hospitals, etc., and the patients are required to contribute in accordance with their financial circumstances.

## 12. DOMESTIC HELP.

The home help service assists the following types of cases:—

Maternity.	Old age and infirm.
Children without mothers.	Blind.
Post-operative.	Tuberculosis.
Sick.	

A system of "rationing of service" was introduced in 1950 to ensure that the service is provided as economically as possible and expenditure controlled at a reasonable level. A normal maximum number of hours per case per week was fixed for each type of case, based upon a county average obtained from a survey of all types of case assisted over a period of three months. Hours in excess of the normal maximum are granted only after special consideration of the circumstances in each individual case.

The recruitment of regular whole and part-time home helps has been very much restricted and occasional home helps are enrolled and employed as required, to avoid payment for stand-by duty. At the end of the year, 10 regular whole-time and 23 regular part-time home helps were employed. 521 occasional home helps were on the register; 299 working and the remainder in reserve.



During the past year, the wages and conditions of service prescribed by the National Joint Council for Local Authorities' Services (Manual Workers) were applied to home helps. As a result, the hourly rate of pay was increased from 1/10d. to 2/2¼d.

Home help was provided for 1,356 cases during the year.

The day-to-day administration of the scheme is carried out at the local health offices.

One home help organiser is employed and is responsible for the general administration of the scheme, supervision of home helps, and the investigation of special cases referred from the local health offices.

### 13. HEALTH EDUCATION.

Particulars of the means which are used to bring to the notice of parents the need for vaccination against smallpox and immunisation against diphtheria are set out in the paragraphs dealing with these matters. Copies of the leaflet issued by registrars when parents register births are enclosed with this report.

In one area, a diphtheria immunisation campaign was held at the end of December, 1951 and the beginning of January, 1952. This included the publication of the Ministry of Health's standard advertisement on four occasions in the local newspaper, an article in the same paper and propaganda films and slides at the cinemas.

In another area, the assistant county medical officer is using film strips at infant welfare centres. The possibility of using the same means of health education elsewhere is being considered.

One assistant county medical officer is very interested in the prevention of accidents in the home and has been responsible for considerable propaganda in his area.

Use is made of posters and pamphlets published by the Central Council for Health Education.

This important aspect of the work of the local health authority is, in the main, however, undertaken by the giving of advice to individuals by members of the staff in their contacts with the public.

### 14. MENTAL HEALTH.

#### (i) *Administration.*

(a) *Committee.* The Mental Health Sub-Committee is responsible to the Health Committee for the mental health service provided under Sections 28 and 51 of the National Health Service Act, 1946, and meets monthly, when reports on policy matters and the work being undertaken are received and appropriate action authorised in individual cases. The constitution of the Sub-Committee is set out on page .

(b) *Staff.* The Senior Medical Officer is responsible for the mental health section and carries out appropriate examinations and tests where necessary. In difficult cases, where disposal presents special problems, one of the Consultant Psychiatrists of the East Anglian Regional Hospital Board is asked for an opinion and advice. The former Deputy County Medical Officer is also employed on a sessional basis for the purpose of giving special



certificates in respect of mental defectives and for dealing with a few of the more difficult domiciliary visits. Both these medical officers are approved by the Ministry of Education for the ascertainment of educationally sub-normal children. The day-to-day administration of the mental health section and the supervision of the work of the social workers and local welfare officers (duly authorised officers) is under the direction of the Superintendent Authorised and Welfare Officer. The staff establishment provides for the appointment of a psychiatric social worker but it has not been possible to fill this vacancy owing to the dearth of suitable candidates. The mental health worker holds the Social Science Diploma of the London University and has completed the psychiatric social workers' course of training. She has had a good deal of experience in the mental health field and has worked at a mental hospital.

The major part of the field work is carried out by seventeen male duly authorised officers, who are allocated to the nine local health offices situated in various parts of the county. Most of these officers are former relieving officers, and they have had a great deal of experience in mental health work. They were given a special course locally in 1948 to fit them more suitably for the wider responsibilities which they assumed on the 5th July, 1948, particularly in regard to the pre-care and after-care of persons suffering from mental illnesses.

Each of the two full-time occupation centres is staffed by a supervisor, assistant supervisor and trainee. One of the supervisors holds the Diploma for Occupation Centre Supervisors awarded by the National Association for Mental Health, and the other, prior to taking up her appointment, had for many years been a teacher in an ordinary school. Other members of the staff were selected because of their interest in mentally defective children and their previous experience of dealing with young members of the community, mainly in a voluntary capacity. One of the two home teachers has been a supervisor of an occupation centre and is Montessori trained, whilst the other has had many years of experience in handicraft work and in voluntary work with girl guides.

(c) *Co-ordination with Regional Hospital Board, etc.* Close co-ordination and co-operation has been established with the Regional Hospital Board and Hospital Management Committees. The consultant psychiatrists from the two mental hospitals and the mental deficiency colony are freely available to carry out domiciliary visits when requested and their advice is frequently sought in difficult cases. The Council's local welfare officers and the mental health worker supervise patients on trial from the mental hospitals and those on licence from the mental deficiency colony. The colony exercises direct supervision of some patients on licence but in these cases also, the local officers are advised of the presence of a defective on licence in their area and are able to keep a watchful eye on the well-being of the person concerned. A number of conferences have been held with the medical superintendents to plan the co-ordination of the service and these meetings have always resulted in agreement being reached on the functioning of the respective authorities. The submission of social history reports on each case admitted is now a matter of routine procedure and it is known that these reports, and the verbal reports of the officers, are greatly appreciated by the medical staff who are able to commence treatment with a good knowledge of the social background and history of the patient.



The Council's mental health worker attends St. Andrew's Hospital at least once a week for staff conferences and reference of cases. In the absence of a social worker at the hospital, her services are also utilised for a number of in-patient cases as well as after-care and pre-care. The duly authorised officers have an open invitation from the medical superintendents to discuss cases when they are at the hospitals. In general, it can be said that the fullest use is made of the Council's officers by the Hospital Management Committees, and in a like manner the services of the medical staffs of the hospitals and colony are used by the Council on every appropriate occasion.

(d) *Delegation to Voluntary Associations.* No functions in the field of mental health have been delegated to voluntary associations but a limited amount of home training for mental defectives is undertaken by the British Red Cross Society.

(e) *Training of Staff.* Before the service commenced in 1948, the then relieving officers who were to be appointed duly authorised officers, attended a course of lectures at St. Andrew's Mental Hospital and at the Mental Deficiency Colony; lectures were also given on the health services generally and on the investigation of cases and the preparation of reports. These lectures were most valuable and were followed in 1951 by a further full course of lectures at St. Andrew's Hospital, the arrangements for these being made by the medical superintendent. At the present time, six of the local welfare officers are attending lectures given at the hospital to the nursing staffs in connection with the R.M.P.A. certificate. It is hoped that the remaining officers will have the opportunity later of attending a similar course.

The Council has recognised the need for their officers to take every opportunity of improving their knowledge of matters connected with mental health and, in 1950, the deputy superintendent attended a residential course organised by the University of Sheffield; his notes were passed to the other duly authorised officers to enable them to benefit from the material obtained. A further week-end residential course at the same University was attended by two officers. The supervisor of the Sprowston occupation centre also spent a period of two weeks at the Leeds occupation centre in 1950, where she gained a wider knowledge of the work, whilst in 1951, the assistant supervisor from the same centre attended a week's refresher course held at Manchester for staffs of occupation centres. In the same year, the trainee at the King's Lynn occupation centre was given leave of absence to enable her to undertake the course organised by the National Association for Mental Health with a view to obtaining the Diploma for Supervisors of Occupation Centres. The Council paid the fees for the course and also made a grant to assist the trainee with her travelling and subsistence expenses, and the officer was successful in obtaining the Diploma awarded by the National Association at the end of the course.

(ii) *Account of work undertaken in the community.*

(a) *Under Section 28 of the National Health Service Act, 1946.* In January, 1951, the East Anglian Regional Hospital Board decided to alter the catchment areas of the two mental hospitals and, at present, approximately one-third of the county is allocated to Hellesdon Hospital and the remainder to St. Andrew's, the division being based on the areas covered by the out-patient clinics of the respective hospitals. This enables



the hospital staffs to maintain continuity of contact and treatment. A considerable amount of after-care work is carried out by the local welfare officers and the mental health workers in connection with patients discharged from mental hospitals and with mental defectives on licence or leave from the colony. Since 1948, the system of notification to the Council of discharges and absence on leave, has been considerably improved, and the number of cases referred for after-care visits by the Council's staff has increased each year. The local welfare officers and the mental health worker have been able to perform an extremely useful service to ex-patients in the matter of employment, accommodation, personal problems, etc., and in ensuring the early return to hospital for further treatment where necessary. At one period, doubt was expressed as to whether the officers who had dealt with the admission of a patient to hospital would be acceptable to the patient for after-care work on discharge. There are, of course, exceptions, but, speaking generally, it has been found that this arrangement presents no difficulty and many patients, when visited, express their appreciation of the officer's assistance in getting them to hospital for treatment.

(b) *Under the Lunacy and Mental Treatment Acts.* Work in connection with the legal formalities required by the Lunacy and Mental Treatment Acts is carried out by the seventeen male duly authorised officers. The Superintendent and his deputy are designated as duly authorised officers, but their services in this capacity are not called upon with any frequency. Whilst it is possible, in the removal of certified patients, to obtain assistance from the nursing staffs of the mental hospitals, this facility is not very practicable in a rural county like Norfolk where the patients' homes are frequently many miles from the hospital; but the officers find little difficulty in obtaining the services of some local person to assist them in their removal duties.

A problem which has existed for some time is the shortage of accommodation for aged senile dementia cases, and whilst to some extent the county is fortunate in having a separate establishment (The Vale Hospital, Swainsthorpe) set aside for this type of case, the accommodation there has not been sufficient to meet the need. At no time during the past two years has there been no waiting list and many cases have had to be certified in order to obtain hospital care and treatment. In connection with the admission of this type of case, the medical superintendent of Hellesdon Hospital, who authorises admissions to the Vale Hospital, has requested the local welfare officers to visit and submit a social history report in order to assist him in determining priority, and he has expressed his appreciation of this service.

(c) *Under the Mental Deficiency Acts.*

(i) *Ascertainment.* The majority of cases ascertained as "subject to be dealt with under the Acts" are those notified by the Education Committee under Sections 57 (3) and (5) of the Education Act, 1944. A number of new cases do, of course, come to light each year from general practitioners, local welfare officers and district nurses; others are brought to notice through the courts, by reference from the mental hospitals and in various other ways. Each case is reported to the Mental Health Sub-Committee and a decision made as to whether formal ascertainment is necessary. Special cases are placed under statutory supervision or dealt with by admission whilst an increasing number of cases are referred for friendly supervision. It would appear that the rate of ascertainment is improving with a more settled medical



staff since the end of the war. It is noted that in 1948 mental defectives in the community totalled 476 whereas at the end of 1952 they totalled 879. It is not considered that these figures show any greater incidence of mental defectiveness but indicate better ascertainment.

(ii) *Supervision.* Mental defectives under statutory or friendly supervision are visited by the local welfare officers who give advice and assistance to the parents and relatives. The mental health worker deals with many of the adolescent female cases and with those older females who are more appropriately dealt with by a woman. A number of cases are also visited by the district nurses/health visitors where the associated problems can be assisted by a trained nurse.

Children of school age under statutory supervision and children attending full-time occupation centres are subject to periodical medical examinations by the Council's medical staff, and authority has also been given by the Health Committee for the provision of extra nourishment where necessary. This group of children is thus brought into line with children attending ordinary schools and this applies whether the child is attending an occupation centre or not. In regard to employment, the county youth employment officer is informed of every new case arising under Section 57(5) and the local welfare officers keep in contact with the local office of the youth employment service in the matter of obtaining suitable employment for those defectives under supervision who are capable of work. The close co-operation existing between the two services has proved to be most valuable.

(iii) *Guardianship.* It has not been found necessary to certify many cases for placement under guardianship and, generally speaking, financial assistance for these cases is provided by the National Assistance Board, although the Council has agreed to grant special allowances where the circumstances justify it. During 1952, the Council initiated a system, which has already been adopted by one or two other authorities, of appointing one of their officers as the guardian of a mental defective and, so far, the experiment appears to be working satisfactorily.

(iv) *Occupation and training for defectives.*

(a) *Occupation Centres.* The development of full-time occupation centres was envisaged by the Mental Deficiency Committee prior to the 5th July, 1948 and certain progress in the formulation of schemes had been made up to that time. The Mental Health Sub-Committee continued to further the speedy opening of the two full-time occupation centres which had been planned, and these centres, which can accommodate up to 30 children each, were opened at Sprowston in May, 1949, and at King's Lynn in September, 1949. With the exception of a very small number of children who live close to the centre at King's Lynn, the remainder are conveyed to the centres daily at the Council's expense by taxi. An escort is provided to travel with the children. At the end of 1952, 27 children were attending the Sprowston occupation centre and 23 children the King's Lynn centre, and by arrangement with the Great Yarmouth authority, 5 children from Norfolk were in attendance at that authority's centre, transport being provided by the County Council. The children have greatly benefited from attendance and the sympathy of a great many friends has been readily forthcoming. Outings to the seaside take place annually and, each December, open days are held



when the children give an entertainment which is followed by a sale of the articles they have made. Mid-day meals are provided at the centres by arrangement with the Education Committee and the charges made to the children are based on the Education Committee's scale. Milk under the "Milk in Schools" Scheme is also provided.

It is unfortunate that in this large rural county the cost of transport prohibits the provision of full-time centres for all suitable children, as there is no doubt that the training given and the relief afforded to the mothers is a very definite contribution to the mental health of the community.

(b) *Day Occupation Centres and Home Teaching.* It was envisaged in the Council's schemes under Section 51 that home teachers would be appointed, but it was not possible to implement this proposal until October, 1950, when the first appointment was made. In the first instance, the eastern half of the county was assigned to this officer and, as a result of her survey, it was found that, whilst the majority of adult defectives could be assisted by home teaching, there were various groups of children who would derive more benefit from training with others. To this end, plans were made for the establishment of a number of day occupation centres which are held fortnightly. The home teacher conveys the children to these centres in her own car and, with the aid of voluntary or paid assistance, follows a curriculum of training somewhat similar to that which is followed by the normal full-time occupation centres.

It has been found that the children are able to recall items from the previous fortnight's programme and more progress with their training is made in this way than would be possible by home visitation. The Committee, being satisfied that the home teaching and day occupation centre service was meeting a definite need, decided to appoint a second home teacher for West Norfolk and she took up her duties on the 11th August, 1952. At the end of 1952, 116 defectives were receiving home teaching and 34 were in attendance at 5 day occupation centres. A survey is now being made of all mental defectives in the remainder of the county who are not at present covered under this scheme, and it is envisaged that in due course it will be possible to provide a limited amount of training for all suitable defectives.

It is obvious that the day occupation centre and home teaching system is not completely meeting the needs of the children and further full-time occupation centres are necessary. Geographical considerations however, and the cost of transport, are likely to prevent any great extension of the service in this way in the foreseeable future, although it would be possible for the day occupation centres to be held more frequently (say weekly instead of fortnightly) if additional staff were appointed.

The defectives receiving home teaching are encouraged to dispose of the articles they make and, if the sale realises more than the cost of the material supplied, the resulting profit is kept by the defective. This gives some encouragement to them to persevere with their work. It may be of interest to record that in the year 1952 the sum of £122 was received from mental defectives in respect of materials supplied.

(d) *Waiting List for Admission to Institutions.* Throughout the period under review, there has been a shortage of institutional accommodation for defectives and particular concern has been occasioned by the inability of the regional hospital board to provide beds for low-grade defectives, some



of whom have been on the waiting list for five or six years. There are many tragic cases in the community who cannot be trained or properly cared for at home and whose presence is causing great anxiety to the parents, with a consequent risk of their mental breakdown; there is also, in some cases, the risk of injury being inflicted by the defective on younger members of the family. The Council has applied considerable pressure in this matter and has taken the matter up with the Ministry of Health and with local members of parliament, but it seems that no temporary measures are to be taken to ease the position. Although the building of two new low-grade villas at Little Plumstead Hall has been approved in principle, the building has not yet commenced, due to economic conditions. Even when these two villas are completed, the need for low-grade accommodation will still be very pressing as the waiting list for low-grade cases in Norfolk numbers about 50, and throughout the area of the East Anglian Regional Hospital Board it is believed to exceed the number of beds which will become available when the new blocks are opened. Without the assistance of the medical superintendent of Little Plumstead Hall Colony in making available a number of beds for the admission of patients for temporary treatment, the situation would have been very much worse, as even admission for three to four weeks gives the mother a most welcome rest and in some cases has enabled the parents to take a holiday together for the first time for many years.

There has not been the same difficulty in getting beds for medium and high-grade cases, as a certain amount of new accommodation has become available for this class, with the result that the waiting list has been reduced to comparatively small proportions and accommodation is found for any really urgent case which arises. There is a tendency for the number of cases committed by the courts under Section 8 of the Mental Deficiency Act, 1913, to increase. This is probably due to better ascertainment and to the introduction of the Criminal Justice Act, 1948.

### (iii) *Summary of Progress.*

Details of the development of the service are included under the respective headings but the following is a brief summary of the progress made since the 5th July, 1948:—

		Prior to 5th July, 1948.	At the end of 1952.
<b>MENTAL DEFICIENCY.</b>			
Occupation Centres	...	Nil	Two full-time centres and children from Norfolk attend the Great Yarmouth Centre. 55 children now attending.
Day Occupation Centres		Nil	5 centres established. Held fortnightly. 34 children attending.
Home Teaching	...	Nil	Two home teachers appointed. 116 cases receiving training.
<b>MENTAL HEALTH.</b>			
After-care service	...	Nil	Mental health worker at headquarters and duly authorised officers visit cases on reference from medical superintendents. Current cases 206. Visits paid quarter ended 31.12.52 —381.

# IV. INFORMATION AND STATISTICS REGARDING LOCAL HEALTH SERVICES NOT INCLUDED IN SPECIAL SURVEY REPORT.

## NOTIFICATION OF BIRTHS.

(a) Live births:—	(b) Stillbirths:—	(c) Totals:—	
(i) Domiciliary 3,175	(i) Domiciliary 48	(i) Domiciliary ...	3,223
(ii) Institutional 1,893	(ii) Institutional 30	(ii) Institutional ...	1,923
Grand Total ...			5,146

## INFECTIOUS DISEASES.

	Ophthalmia Neonatorum.		Puerperal Pyrexia.	
	Domiciliary Confinements.	Institutional Confinements.	Domiciliary Confinements.	Institutional Confinements.
Number of cases notified during the year ...	7	—	16	9
Number of cases removed to hospitals ...	1	—	—	—

Number of cases of ophthalmia neonatorum notified during the year, in which vision was unimpaired ... 7

## ANTE-NATAL AND POST-NATAL EXAMINATIONS BY GENERAL PRACTITIONERS.

(i) Number of women examined ante-natally	...	105
(ii) Number of ante-natal examinations made	...	116
(iii) Number of women examined post-natally	...	35
(iv) Number of post-natal examinations made	...	35

## CHILD WELFARE CENTRES.

Number of children who first attended the centres during the year, and who on the date of their first attendance were:—		Total number of attendances made by children during the year:—	
Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.
1,634	347	14,221	12,605

In addition to the 49 main infant welfare centres there were, at the 31st December, 1952, 126 "village" infant welfare centres in operation. 1,443 sessions were held at these centres during the year. Sessions are held once a month. 9,777 attendances were made by children under one year of age and 15,148 by children aged between one and five years.



HEALTH VISITING.

Number of visits paid by Health Visitors during the year.			
Children under 1 year of age.		Total visits to children between the ages of 1 and 5.	Total visits to children 0—5.
First visits.	Total visits.		
5,747	46,691	71,936	118,627

In the administrative county of Norfolk, the only health visitors carrying out visits to expectant mothers are also employed as midwives. These health visitors carried out 16,667 visits to expectant mothers.

HOME NURSING.

Number of cases attended by Home Nurses during the year ... 11,545  
Number of visits paid by Home Nurses during the year ... 180,234

DOMESTIC HELPS.

- (i) Number of Domestic Helps employed at end of year:—  
(a) Whole-time—10. (b) Part-time—23. (c) Occasional—299.
- (ii) Number of cases where domestic help was provided during the year:—
  - (a) maternity (including expectant mothers) ... 316
  - (b) tuberculosis ... 24
  - (c) others ... 966
- (iii) Number of Domestic Help Organisers employed ... 1

MOTHER AND BABY HOMES—(i.e. Homes or hostels for unmarried mothers and their babies).

Name and Address of Home or Hostel.	Number of admissions for which the authority was responsible.	Average length of stay.	
		Ante-natal.	†Post-natal.
Bateman St. Home, Cambridge ...	1	} 8 weeks	} 6 weeks
Heigham Grove, Norwich	5		
St. Paul's Lodge, Great Yarmouth ...	22		
St. Bridget's Hostel, Lowestoft ...	4		
Lyndene Hostel, King's Lynn ...	7		

† Exclusive of the lying-in period.

Number of cases sent by the Authority during the year to homes other than those mentioned ... Expectant mothers 7

MIDWIVES ACT, 1951.  
MIDWIVES.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domiciliary Midwives.	Midwives in Institutions.	Total
(a) Midwives employed by the Authority ... ..	—	1	1
(b) Midwives employed by Voluntary Organisations under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ... ..	143	—	143
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	27	27
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ... ..	5	13	18
Totals	148	41	189

MATERNITY CASES ATTENDED.

	Domiciliary Cases.		Cases in Institutions.		Totals.	
	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.
(1) Midwives employed by the Authority ... ..	—	—	35	—	35	—
(2) Midwives employed by Voluntary Organisations under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ...	1914	1477	—	—	1914	1477
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ... ..	—	—	1217	290	1217	290
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes) ... ..	—	17	26	337	26	354
Totals ...	1914	1494	1278	627	3192	2121

(5) Number of cases attended by domiciliary midwives after discharge from the hospital or institution and before the fourteenth day ... .. 917



MEDICAL AID UNDER SECTION 14(1) OF THE MIDWIVES ACT, 1951.

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a Midwife:— ...

(a) For Domiciliary cases:—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ... .. 90

(ii) Others ... .. 129

Total 219

(b) For cases in Institutions ... ..

8

ADMINISTRATION OF GAS AND AIR ANALGESIA.

(1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board:—

(a) Employed in homes and hospitals in the National Health Service ... .. 4

(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service ... .. 23

Total 27

(2) DOMICILIARY MIDWIVES.

	Domiciliary Midwives employed in public midwifery service under Section 23 by voluntary organisations as agents of Local Health Authority.
(a) Number of domiciliary midwives practising in the area at the end of year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board ... ..	128
(b) Number of sets of apparatus for the administration of gas and air in use at end of year	123
(c) Number of cases in which gas and air was administered by midwives in domiciliary practice during the year:—	
(i) When acting as a midwife ... ..	1,125
(ii) When acting as a maternity nurse ... ..	740
(d) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year:—	
(i) When acting as a midwife ... ..	700
(ii) When acting as a maternity nurse ... ..	523

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

	Number registered at end of year.	Number of children provided for.
Premises		
(a) Factory ...	—	—
(b) Other nurseries ...	2	8
Daily Minders	3	32

REGISTRATION OF NURSING HOMES (Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes.	Number of beds provided for:—		
		Maternity.	Others.	Totals.
Homes first registered during year ...	1	—	1	1
Homes on the register at end of year ...	23	53	187	240

PREMATURITY. (See also page 44.)

(All the items in this section refer to notified births after correction for transfers.)

- (1) Premature infants (i.e. 5½lb. or less at birth, irrespective of period of gestation):—

(a) Total number of premature live births in the area ... 102

(b) Number of premature live births at home ... 95

(c) Number of premature live births in private nursing homes 7
- (2) Premature stillbirths (i.e. 5½lb. or less, irrespective of period of gestation):—

(a) Total number of premature stillbirths in the area ... 14

(b) Number of premature stillbirths at home ... 13

(c) Number of premature stillbirths in private nursing homes ... 1

TUBERCULOSIS.

B.C.G. VACCINATION.

Number of Cases Vaccinated	...	...	...	...	477
Age groups—0—4	5—15	16 and over			
84	284	109			

REHABILITATION.

Number of cases being rehabilitated in colonies at 31st December,									
1952	...	...	...	...	...	...	...	...	11



Births at home.						Birth weight.	Births in private nursing homes.							
Premature live births.							Premature still-births.	Premature live births.						
Premature still-births.	Nursed entirely at home.							Died in first 24 hours.	Nursed entirely in nursing homes.					
	Died in first 24 hours.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total				Died in first 24 hours.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total.	Transferred to hospital.
2	6	3	—	—	9	—	—	—	—	—	—	—	—	—
5	1	—	—	1	2	4	Over 2 lb. 3 ozs. and up to 3 lb. 4 ozs. (inc.)	—	—	—	—	—	—	—
3	3	—	—	7	10	11	Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs. (inc.)	—	—	—	—	—	—	—
2	—	2	—	15	17	2	Over 4 lb 6 ozs. and up to 4 lb. 15 ozs. (inc.)	—	—	—	—	2	2	—
1	1	2	—	36	39	1	Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. (inc.)	1	—	—	1	4	5	—
18	11	7	—	59	77	18	Totals ...	1	—	—	1	6	7	—

## EXTRA NOURISHMENT.

Number of cases granted:—

Free milk ...	...	...	...	...	...	65
Maltoline and iron ...	...	...	...	...	...	54
Cod liver oil ...	...	...	...	...	...	7

## NOTIFICATIONS.

310 cases (239 pulmonary and 71 non-pulmonary) were reported by formal notification during the year. The number of cases notified has shown little change over the past five years; the number of notifications and case-rates per 1,000 of the population during this period are given below:—

Year.		No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1948	...	239	0.68	87	0.25
1949	...	218	0.62	91	0.26
1950	...	232	0.64	91	0.25
1951	...	236	0.60	93	0.25
1952	...	239	0.64	71	0.19

## MORTALITY.

The number of deaths from pulmonary tuberculosis has been showing a steady decline during the past five years and the number of deaths in 1952 was the lowest recorded. The number of deaths from non-pulmonary tuberculosis has shown a slight increase during the year but the figure remains small. Comparative figures for the past five years and case-rates per 1,000 of the population are given in the following table:—

Year.		No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1948	...	103	0.29	30	0.08
1949	...	100	0.28	13	0.04
1950	...	72	0.19	12	0.03
1951	...	56	0.15	9	0.02
1952	...	35	0.09	14	0.04

## AFTER-CARE REGISTER.

Number of cases on after-care register at 31st December, 1952:—

	Male.		Female.		Total.
Pulmonary ...	613	...	536	...	1,149
Non-Pulmonary	66	...	80	...	146
	<hr/> 679		<hr/> 616		<hr/> 1,295

## REVOLVING SHELTERS.

Number in use at 31st December, 1952	...	...	...	73
Number in store	...	...	...	43



## REPORTS OF CHEST PHYSICIANS.

Dr. G. F. Barran, West Norfolk Chest Physician, reports:—

“It is pleasing to be able to state that the arrangements for conducting the campaign against tuberculosis in the county continue to work smoothly. The methods employed are substantially those outlined in the reports covering the two preceding years and no modification has been found to be necessary.

### *Mortality.*

Whilst there is no indication for complacency, it is gratifying to record that there has been a further marked fall in the number of deaths from pulmonary tuberculosis, the figure of 35 for the whole county being less than half of what it was in 1950. Whilst the well-tried and long-term methods of control by prevention are continuing to play an important part, there is little doubt that the precipitate fall in the mortality from pulmonary tuberculosis over the past four years, has been largely due to advances in treatment made possible by the advent of new specific drugs.

The number of deaths from non-pulmonary tuberculosis on the contrary shows an increase over the figure for 1951. It is not possible to assess how many of the cases were attributable to bovine infection, but no spectacular improvements can be anticipated until the milk supply in Norfolk as a whole is rendered free of tubercle bacilli. Meanwhile, it is insufficiently realised how dangerous a procedure it is to allow children to drink milk which has neither been heat-treated nor has come from a tuberculin tested herd.

### *Morbidity.*

At first sight, the absence of a corresponding decline in the number of notifications is disturbing. The figures, however, are indicative of improved methods of case finding and of the fact that the disease is being recognised at an earlier stage of development. None the less, following the lead given by the Ministry of Health, there is now a more general agreement as to which cases of tuberculous infection should be notified and which should not, with a result that the notification figures during the next ten years will repay careful examination for confirmatory evidence that the disease is truly being brought under effective control. Meanwhile, earlier diagnosis leads to treatment being of shorter duration and being more effective, with the result that adequate provision can often, with the help of the general practitioner, be made in the home, thus making lengthy and expensive sanatorium treatment unnecessary. This in turn has led to the reduction of sanatorium waiting lists to manageable proportions, although the length of time that a patient may have to wait for thoracic surgery is still far too long.

### *Contact Examination.*

The examination of contacts is still being actively pursued as a method of recognising the early case. In West Norfolk, 1,487 examinations were made during the year, of which 442 were contacts of recently notified cases; in this way, 5 new cases were brought to light.

The work done in this field continues to be limited by the handicap experienced by patients attending for examination from the more remote districts of the county, and also by the shortage of X-ray films. It is hoped that the installation of a photofluoroscopy unit in King's Lynn in 1953 will solve the latter difficulty.

#### *Mass Miniature Radiography.*

One of the East Anglian units visited King's Lynn and East Dereham early in the year and later returned to carry out examinations at Fakenham, Thetford and Hunstanton. 15,377 volunteers came forward and as a result 38 notifiable cases were brought to light. The help given in this way by the Director of the unit and his staff is much appreciated.

#### *Vaccination with Bacille Calmette-Guerin (B.C.G.).*

Anti-tuberculous vaccination continues to play an essential part in preventive measures. It was given to 23 members of hospital staffs and to 114 contacts of tuberculous patients.

The scheme in being, whereby the vaccine has been given, on a voluntary basis, to the tuberculin negative school-leavers, has continued. It is as yet too early to give any statistical information of value but it is gratifying to report that no untoward incident has taken place, nor has any adverse criticism been heard, and there is evidence to show that parents are accepting the offer in increasing numbers. From the experience gained so far, it is clear that a more general adoption of the vaccine for the school-leavers is likely to be more a problem of organisation and of administration, rather than of technique or of any lack of enthusiasm on the part of the parents.

#### *Rehabilitation.*

With improved methods of treatment, the number of patients able to return to their former employment continues to grow; others accept the very practical help offered by the Ministry of Labour re-training scheme. Yet the problem of the chronic infectious tuberculous patient remains unsolved; he is often capable of useful although not of full-time work; to him, some form of gainful employment under sheltered conditions is both a physical and a mental necessity, but there is as yet no adequate provision to meet the need."

Dr. W. B. Christopherson, East Norfolk Chest Physician, reports:—

"A close liaison has been maintained between the Council's activities and the work of the East Norfolk Chest Clinic, largely through the County Council's health visitor.

The after-care and preventive work has been considerably aided by the increased supply of X-ray films during the year. 541 new contacts have been seen and have been X-rayed or screened. A large number of contact re-examinations were also undertaken. A Watson Radiographic camera is now being installed to allow the use of 5" x 4" X-ray films, which will further facilitate this work.

B.C.G. vaccination was given to 49 individuals, mostly infants and children of tuberculous parents, a few being hospital nurses and other adults in contact with tuberculous patients. The large majority of



parents who have been offered vaccination for their children have readily accepted. All those vaccinated have shown satisfactory mantoux conversion.

1,302 new patients were seen at our clinics during the year and a total of 8,207 patients attended, or were visited at their homes. As in previous years, only a small percentage of new patients were found to be suffering from active tuberculosis.

All pulmonary abnormalities discovered at the mass radiography unit by the Director (Dr. T. O'Riordan) were referred to the chest clinic for further investigation. These included a few cases of active tuberculosis, hitherto unknown, for whom treatment was subsequently arranged.

The very satisfactory continued decrease in the mortality rate for pulmonary tuberculosis can be attributed mainly to the increasing scope of surgical treatment and to the value of modern antibiotics."

#### PROTECTION OF CHILDREN FROM TUBERCULOSIS.

During the year, 234 X-ray examinations were made of members of the Council's staff who were engaged in work bringing them into close contact with children and of district midwives employed by the Norfolk County Nursing Association. 192 of these examinations were carried out by the mass miniature radiography unit and the remaining 42 by private radiologists.

#### VACCINATION AND IMMUNISATION.

##### VACCINATION AGAINST SMALLPOX.

			No. of persons—	
			Vaccinated.	Re-vaccinated.
Under 1 year	...	...	1,716	—
Aged 1	...	...	248	6
Aged 2—4	...	...	97	41
Aged 5—14	...	...	69	51
Aged 15 and over	...	...	168	671
Total			2,298	769

##### DIPHTHERIA IMMUNISATION.

Number of children who during the year were:—

			Immunised.	Given booster injections.
Under 1 year	...	...	1,400	—
Aged 1	...	...	1,428	—
Aged 2	...	...	251	4
Aged 3	...	...	132	7
Aged 4	...	...	150	229
Aged 5—9	...	...	895	3,481
Aged 10—14	...	...	181	1,778
Total			4,437	5,499

56,856 children, 67.6 per cent of the estimated number of children in the county below the age of 15 years, are known to have been immunised at some time. One case of diphtheria in this age group was notified during the year.

**INFECTIOUS DISEASE TRANSPORT.**

Two infectious diseases ambulances, stationed at East Dereham and King’s Lynn, dealt with 319 calls during the year and conveyed 408 patients; the mileage involved was 13,043. The car stationed at East Dereham made 192 journeys to convey 271 patients and the mileage was 9,983.

**HOUSING ACCOMMODATION FOR DISTRICT NURSES.**

During the year, a further four houses being built by the Council to meet the needs of the district nurses were completed and occupied. Further progress was made in the erection of houses and the purchase and reservation of sites in accordance with the five-year building programme mentioned in the last report.

At the end of the year, the 147 district nurses employed in the county were accommodated as follows:—

Living in County Council House.	Renting District Council House.	Living in own House.	Property rented by, or leased to the County Nursing Assoc.	Renting other Property.	Living in rooms.
9	23 (own tenancy) 25 (CNA tenancy)	33	25	22	10

**MENTAL HEALTH.**

The special survey gives a broad outline of the building up of the mental health service since the “appointed day,” including references to any developments of importance which affected the service during the year. A brief note of other matters relating specifically to 1952 is, however, given below:—

**STAFF.**

Dr. W. W. Sinclair, Senior Medical Officer in charge of the Mental Health Service, resigned and his successor commenced duty in July, 1953. The following changes occurred in the medical officers approved for the giving of certificates under the Mental Deficiency Acts:—

Approval discontinued.	New approval.
Dr. R. A. Brown	Dr. R. C. MacGillivray
Dr. J. J. Ryan	
Dr. W. W. Sinclair	

**RESIGNATIONS.**

Miss J. M. R. Buxton, mental health worker—12th July.  
Miss Shirley Robins, trainee, King’s Lynn Occupation Centre—6th October.

**DEATH.**

Mr. C. C. H. Morris, duly authorised and welfare officer—16th January.

**APPOINTMENTS.**

Mr. B. F. Rutterford, assistant duly authorised and welfare officer—16th June.  
Miss F. S. Hurn, home teacher for mental defectives—11th August.  
Mrs. J. M. Grubb, mental health worker—6th October.  
Mrs. P. S. Yates, assistant, King’s Lynn Occupation Centre—29th October.



## OCCUPATION AND TRAINING OF MENTAL DEFECTIVES.

### (a) *Occupation Centres.*

Consideration was given to the expenditure involved in the running of the full-time occupation centres at King's Lynn and Sprowston and in particular to the cost of transport. A special report was submitted to the Mental Health Sub-Committee showing the location of the children throughout the county who were suitable for attendance at occupation centres and possible alternative arrangements were considered. The difficulties and expense of providing transport in a rural county for children living in isolated areas, presents a considerable problem, and the matter is to be reviewed again in the near future when the possibility of a reduction in transport costs by the provision of additional and smaller full-time centres at points in the county where there is a fair concentration of suitable children is to be considered.

### (b) *Home Teaching.*

The appointment of a second home teacher has enabled a review of the whole of the county to be undertaken but it is unfortunate that there is still quite a number of children who would benefit by occupation centre attendance who cannot be assisted under the home teaching scheme, either because of their age, mental condition or home background, but every effort is being made to afford home teaching or provide occupation centre facilities wherever practicable.

## SHORT-TERM CARE OF MENTAL DEFECTIVES.

Consideration was given to Ministry of Health Circular 5/52 and the possible necessity for any amendment of the Council's scheme under Section 51 of the National Health Service Act, 1946, so as to make arrangements for children to be temporarily accommodated in suitable private homes, etc., during sickness of the mother, for holiday periods or in family emergencies.

For many years the Medical Superintendent of Little Plumstead Hall Colony has been willing to receive defectives for short periods of care in similar circumstances to those envisaged in the Ministry's Circular and as it was considered that this provision will meet the need for this type of accommodation in the county, no action was taken to amend the scheme.

## STATISTICS.

The figures contained in the statistical portion of the report show that there was a further increase in the number of voluntary patients admitted to the mental hospitals and this has been a continuing trend since the passing of the Mental Treatment Act, 1930. Voluntary admission is encouraged wherever possible.

Attention is again drawn to the number of urgent cases awaiting admission to mental deficiency institutions, and the problems relating to the continued inability of the Regional Hospital Board to offer vacancies for very urgent low-grade cases have continued undiminished throughout the year.

# MENTAL HEALTH STATISTICS at 31st December, 1952.

(For the purpose of comparison, the figures at 31st December, 1951 are shown in brackets.)

## 1. Mental Patients.

### (a) In-patients.

#### (i) In hospitals.

Name of hospital.	Norfolk patients.							
	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	301(313)	497(548)	133(129)	163(159)	—(—)	—(—)	434(442)	660(707)
Hellesdon Hospital ...	33 (27)	69 (43)	28 (14)	66 (28)	—(—)	—(—)	61 (41)	135 (71)
Other hospitals ...	1 (1)	7 (5)	3 (3)	— (1)	—(—)	—(—)	4 (4)	7 (6)
Totals ...	335(341)	573(596)	164(146)	229(188)	—(—)	—(—)	499(487)	802(784)
TOTAL ...							1301(1271)	

(ii) Senile dementia cases (uncertified) in the Vale Hospital, Swainsthorpe... 111(101)

TOTAL mental patients in hospitals in the county:—  
 (a) (i) & (ii) ... 1,412(1372)

In-patient rate per thousand, based on Registrar-General's estimate of population of the county—June, 1952—  
 $372,700 = 3.78(3.67)$

### (b) Admissions during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	31(46)	58(84)	116(146)	196(183)	—(3)	3(3)	147(195)	257(270)
Hellesdon Hospital ...	11 (5)	38 (5)	69 (38)	135 (64)	—(1)	—(2)	80 (44)	173 (71)
Other hospitals ...	1 (2)	2 (2)	4 (5)	4 (5)	—(—)	—(—)	5 (7)	6 (7)
Totals ...	43(53)	98(91)	189(189)	335(252)	—(4)	3(5)	232(246)	436(348)
Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ...							29 (18)	27 (11)
TOTAL ADMISSIONS ...							261.264	463(359)
GRAND TOTAL ...							724 (623)	



(c) *Discharges during the year.*

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	34(43)	89(51)	103(129)	183(151)	— (1)	3 (5)	137(173)	275(207)
Hellesdon Hospital ...	3 (6)	7 (2)	52 (35)	92 (58)	— (—)	— (—)	55 (41)	99 (60)
Other hospitals ...	— (—)	— (—)	4 (3)	5 (7)	— (—)	— (—)	4 (3)	5 (7)
Totals ...	37(49)	96(53)	159(167)	280(210)	— (1)	3 (5)	196(217)	379(268)

(d) *Deaths during the year.*

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	9(35)	20(31)	9(10)	9(12)	—(2)	—(1)	18(47)	29(44)
Hellesdon Hospital ...	2 (1)	5 (1)	3 (1)	5 (2)	—(—)	—(1)	5 (2)	10 (4)
Other Hospitals ...	1 (—)	— (—)	— (—)	— (—)	—(—)	—(—)	1 (—)	— (—)
Totals ...	12(36)	25(32)	12(11)	14(14)	—(2)	—(2)	24(49)	39(48)

(e) *Uncertified senile dementia cases who died or were discharged during the year*

...	23(30)	23(25)
Total deaths and discharges ...	243(296)	441(341)
	684(637)	

(f) *Number of discharged patients referred by the hospitals during the year for after-care—*

By Council's own staff ...	230(213)	
By hospital's social worker ...	—( 8)	230(221)

2. **Mental Defectives.**

(a) *Certified cases in institutions.*

Name of Institution.		Male.	Female.	Total.
Little Plumstead Colony and ancillaries		249(239)	341(349)	590(588)
Beckham House County Home ...		5 (7)	— (—)	5 (7)
Pulham Market County Home ...		— (—)	15 (15)	15 (15)
Riversfield House, St. Neots ...		3 (5)	1 (2)	4 (7)
Others ...		36 (35)	22 (15)	58 (50)
Totals ...		293(286)	379(381)	672(667)





(e) *Certified cases admitted to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Colony and ancillaries	18 (12)	15 (11)	33 (23)
Others ... ..	1 (3)	1 (—)	2 (3)
Totals ...	19 (15)	16 (11)	35 (26)

(f) *Attending occupation centres.*

Centre	Male	Female	Total
Sprowston ... ..	16 (11)	11 (14)	27 (25)
King's Lynn ... ..	12 (13)	11 (11)	23 (24)
Great Yarmouth ... ..	5 (5)	— (1)	5 (6)
Out-County ... ..	1 (1)	1 (1)	2 (2)
Totals ...	34 (30)	23 (27)	57 (57)

(g) *Receiving home training under home teacher.*

	Male	Female	Total
At home ... ..	58 (25)	58 (23)	116 (48)
At day occupation centres ... ..	21 (19)	13 (16)	34 (35)
Totals ...	79 (44)	71 (39)	150 (83)

	Male	Female	Total
(h) <i>Receiving home training under British Red Cross Society</i> ... ..	1(3)	1(1)	2(4)

(i) *Number of mental defectives on waiting list for admission to an institution.*

	Male.	Female.	Total.
URGENT CASES.			
Idiots ... ..	4 (5)	8 (9)	12 (14)
Imbeciles ... ..	15 (15)	6 (6)	21 (21)
Feeble-minded ...	3 (2)	3 (6)	6 (8)
	22 (22)	17 (21)	39 (43)
NOT SO URGENT.			
Idiots ... ..	4 (4)	4 (4)	8 (8)
Imbeciles ... ..	12 (15)	19 (13)	31 (28)
Feeble-minded ...	8 (14)	19 (10)	27 (24)
	24 (33)	42 (27)	66 (60)
GRAND TOTALS ...	46 (55)	59 (48)	105 (103)

## V. NATIONAL ASSISTANCE ACT, 1948.

Section 29 of this Act empowers local authorities to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, or substantially and permanently handicapped by illness, injury or congenital deformity. These powers are permissive, except to such an extent as they may be made mandatory by the direction of the Minister of Health. The provision of welfare services for the blind was made compulsory from the date the Act became operative in July, 1948.

Following the issue of Ministry of Health circular 32/51, the Council prepared schemes for the welfare of the deaf and dumb and other classes of physically handicapped persons and these were approved by the Ministry during the year. They follow very closely those outlined in the Ministry's circular.

### WELFARE OF THE BLIND.

No changes have been made in the scheme given in detail in the report for 1949. Increasing importance is, however, being attached to the need for providing facilities for the rehabilitation, either socially or industrially, of persons who have recently become blind and are below the age of 60. The Royal National Institute for the Blind has established two rehabilitation centres at America Lodge and the Manor House, Torquay, and two Norfolk blind persons had three-month courses of industrial rehabilitation at the Manor House and a third had a period of six weeks' social rehabilitation at America Lodge.

### REGISTRATION.

Thanks are due to the ophthalmologists for drawing attention to certifiable cases which come to their notice, and to the officers of the National Assistance Board who refer cases which may, on examination, prove to be blind and therefore eligible for the special scale allowance paid to blind persons. The



number of cases of suspected blindness referred for investigation has shown a marked increase since the introduction of the National Assistance Act, in 1948, but the proportion who are certified and registered as blind persons has decreased. A large number of those who are not certifiable as blind suffer from a marked degree of defective vision and are included in the partially sighted register.

168 cases were examined during the year and of these 103 were certified.

The following table shows the numbers of cases referred for examination during the past 5 years:—

Year	No. referred	No. certified	Percentage certified
1948	100	83	83.00
1949	148	119	80.36
1950	178	145	81.45
1951	157	114	72.61
1952	168	103	61.31

There were 810 registered blind at the end of the year, as follows:—

Age group	Males	Females	Total
1—4	2 ( — )	2 ( 2 )	4 ( 2 )
5—15	8 ( 5 )	5 ( 5 )	13 ( 10 )
16—20	4 ( 5 )	7 ( 4 )	11 ( 9 )
21—39	14 ( 16 )	27 ( 31 )	41 ( 47 )
40—49	26 ( 29 )	18 ( 16 )	44 ( 45 )
50—64	86 ( 89 )	66 ( 68 )	152 ( 149 )
65—69	45 ( 46 )	39 ( 42 )	84 ( 88 )
70 and over	184 ( 181 )	277 ( 270 )	461 ( 451 )
	369 ( 371 )	441 ( 438 )	810 ( 809 )

(The figures in brackets indicate the position at the end of 1951.)

Reference has been made in previous reports to the large proportion of new cases of blindness over 70 years of age. The percentage of such persons on the blind register has risen during the year from 55.77 to 56.91.

## TRAINING.

The Education Committee provides special educational facilities for blind children and also assists students at colleges and on training courses approved by the Ministry of Education.

At the end of the year, 5 children were receiving education at the East Anglian Blind School, Gorleston, 2 at the Royal Normal College, Wroughton Park; and 1 adult was being trained at the Norwich Institution, under arrangements made by the Education Committee. Training of suitable cases is also arranged by the Ministry of Labour under the Disabled Persons (Employment) Act, 1944. 3 adults were being trained at the Norwich Institution for the Blind and 1 at a Ministry of Labour establishment, through this scheme.

## HOME WORKERS.

This scheme continued as described in the 1948 report. The scale of augmentation remained at £3 per week for married men and £2 per week for women. A single male home worker receives £2 10s. 0d. per week augmentation. Two additional home workers were enrolled during the year, increasing the total to 9, viz., 2 poultry keepers, 2 basket makers, 2 machine knitters, 2 shopkeepers, and 1 wire worker.

## WORKSHOP EMPLOYMENT.

11 Norfolk blind persons were employed at the workshops of the Norwich Institution for the Blind at the end of the year, viz., 2 machine knitters, 6 basket makers, 2 brush makers and 1 gardener, a decrease of 1 during the year.

## OTHER EMPLOYMENT.

In addition to the 9 home workers and 11 workshop employees mentioned in the preceding paragraphs, 37 other blind persons were in employment at the end of the year as follows:—

Masseur	...	...	...	...	...	1
Ministers of religion	...	..	...	...	...	3
Telephone operators	...	...	...	...	...	2
Piano tuner	...	...	...	...	...	1
Agents, shopkeepers, etc.		..	...	...	...	9
Poultry keepers	...	..	...	...	...	6
Basket workers	...	...	...	...	...	3
Agricultural workers	...	...	..	...	...	5
Ambulance officer	...	...	...	...	...	1
Clerks and typists	...	...	...	...	...	2
Domestic workers, factory hands, etc.	...		...	...	...	4

4 persons were trained but unemployed at the end of the year, a further 8, although suitable had not received training, and the remaining persons on the register, 297 men and 418 women, were considered to be unemployable owing to age or illness.

## PASTIME OCCUPATION.

The large number of unemployable blind makes it essential to devote a considerable amount of time and consideration to the provision of pastime occupation. The Horticultural Society has continued to provide a great deal of interest to a very large number of blind persons, and it was found possible once again to hold an exhibition in October, when some 80 blind exhibitors staged over 480 exhibits, many of a very high standard. A group exhibit secured an award of merit in an inter-club competition with sighted gardeners from 10 local horticultural societies. Arrangements are already in hand for a similar exhibition and competition to be held in 1953.

Over 200 blind persons (including some of the gardeners) undertake pastime work, making string bags, stools, crinothene articles, rugs, ball chain jewellery, leather goods, baskets, trays, straw-plait baskets, knitted goods and dish cloths. Exhibitions and sales arranged at the various social centres and in conjunction with the Horticultural Show resulted in goods to the value of £340 being sold. A considerable quantity of goods is also sold privately. Materials are provided by the Council at cost price and, in addition to the pleasure derived from these pastime occupations, workers are able to make a small profit.



## HOME TEACHING AND VISITING.

The 5 home teachers possess the certificate of the College of Teachers for the Blind and their keenness and efficiency continue to ensure the success of the welfare scheme for the blind. Many letters of appreciation are received from grateful blind persons and from their relatives and friends, concerning the excellent work being done. The home teachers also act as almoners for various charity pensions. 7 Norfolk residents receive pensions from the funds of the Gardener's Trust, 17 receive Royal Blind pensions, and 70 are in receipt of Hetherington Charity pensions.

8,656 visits were paid by the home teachers during the year.

## GENERAL.

Seven *invalid chairs* purchased by the Council in past years, have been in constant use.

467 persons on the register (207 males and 260 females) were in receipt of *National Assistance grants* at the end of the year. All cases are checked at regular intervals to ensure that any necessary adjustment of grant is made.

*Wireless sets* supplied from the British Wireless for the Blind Fund are very much appreciated by blind persons. 339 of these sets were in use at the end of the year, an increase of 22 during the year. Sets capable of repair at an economic charge are sent to local wireless repair firms, the cost being borne by the Council. All blind users of wireless sets, privately owned or on loan from the British Wireless for the Blind Fund, have been issued with certificates to enable them to obtain free wireless licences. 95 such certificates were issued during the year.

Blind persons living alone are supplied with *fireguards* where recommended by the home teacher as a necessary safety precaution. 9 were on loan at the end of the year.

All suitable blind persons are encouraged to learn to read *embossed literature*, instruction being given by the home teachers. 67 Norfolk blind persons are members of the National Library for Blind Readers, while the Council purchases and circulates copies of Braille and Moon magazines to those desirous of reading them. The Council also has a small stock of books suitable for readers who do not wish to obtain books through the National Library.

Necessitous blind person in need of *holidays* are sent to the Isle of Ely Holiday Home for the Blind, Hunstanton, while others, able to pay the fees, spend holidays there at their own expense, arrangements being made either direct or through the Council. Accommodation is very limited, however, and often there are not sufficient vacancies.

The Norwich Institution for the Blind increased the *grants from charitable funds* from £100 to £250 during the year. This annual allocation of charitable funds enables the home teachers to distribute small Christmas gifts to the more needy cases and in specially selected cases to purchase extra comforts outside the scope of the Council's scheme.

As an experiment, a *stencilled bulletin consisting of local items of particular interest to the blind*, interesting happenings and experiences and short articles, was prepared and circulated by the home teachers in October, and an invitation was extended to readers to let the home teachers know their views as to the value of such a bulletin so that a decision could be made as to its continuation at quarterly intervals. Readers were also invited to suggest a name. The first issue was warmly welcomed by the blind persons, who suggested some 40 names for future issues. Quarterly editions will in future be published under the title of "The Closer Link."

SOCIAL CENTRES.

Monthly sessions of social centres have been continued at Diss, Fakenham, King's Lynn and North Walsham. An annual outing to the seaside takes the place of one of these monthly sessions during the summer period. The Sheringham group meeting has also been continued. The need for a centre in Norwich to provide social facilities for the many blind persons who could not, through lack of convenient public transport, attend at centres in the county, was mentioned in the last report. In March, 1952, a centre was opened in Norwich at the Congregational Church Schoolroom, Chapel Field. All the centres are much appreciated by the blind persons attending and all are holding successful sessions. The Council's thanks are expressed to the voluntary workers who do so much to assist in their smooth running, and to members of the W.V.S., the British Red Cross Society and the North Walsham and Diss Rotary Clubs for providing transport to enable persons to attend the centres, who would otherwise be unable to do so owing to age or infirmity. Persons interested in blind welfare have organised efforts to raise funds to provide additional outings, entertainments, etc., at the various social centres, and their efforts are greatly appreciated.

WELFARE OF THE PARTIALLY-SIGHTED.

This section of the register is for persons who, though not certifiable as blind, are suffering from seriously defective vision. Partially-sighted persons may be divided into three classes (i) those whose vision is likely to deteriorate and who are likely to become blind within 4 years, (ii) those with seriously defective vision who are not likely to become blind within 4 years, (iii) persons with defective vision requiring observation only. The Ministry of Health has, for the first time, requested particulars of the registration of partially-sighted persons as at 31st December, 1952. The number of persons on the register on that date with the age groups and sex, is shown in the following table:—

Age Group			Males	Females	Total
0—1	...	...	—	—	—
2—4	...	...	—	—	—
5—15	...	...	2	2	4
16—20	...	...	3	4	7
21—49	...	...	12	24	36
50—64	...	...	13	18	31
65 and over	...	...	47	88	135
			77	136	213



73 of these persons (20 male and 53 female) are persons 16 years of age and over who are likely to become blind within 4 years. All are not available for, or not capable of work. 34 persons (20 males, 14 females) are persons mainly industrially handicapped. 29 of these (17 male, 12 female) are employed, 2 males and 2 females are available for work but unemployed, and one man is unemployed and not available for work. 102 persons (35 males and 67 females) are persons requiring observation only, the remaining 4 being children between the ages of 5 and 16.

The number of partially-sighted persons on the register increased by 14 during the year.

Cases on the partially-sighted register are visited by the home teachers of the blind at 4—6 monthly intervals unless circumstances render more frequent visits desirable.

### **WELFARE OF THE DEAF AND DUMB.**

The Council's scheme for the welfare of the deaf has been approved by the Ministry of Health and preliminary investigations are proceeding to ascertain the extent of the problem in the county. The names of some 1,100 persons with varying degrees of deafness have been listed, but the number of these persons desirous of inclusion in the Council's scheme is not yet known. The Deaf and Dumb (Norwich and Norfolk) Association assists in welfare work for the deaf and dumb. This Association employs a Missioner and has premises in Norwich which are used as his offices and as a Social Club. The Missioner visits and assists Norfolk cases wherever possible and the Council pays an annual grant proportionate to services rendered.

### **WELFARE OF THE PHYSICALLY HANDICAPPED.**

During the year, the Minister of Health approved the Council's scheme for the welfare of persons who are substantially and permanently handicapped by reason of accident, illness or congenital deformity. The extent of the problem is not yet known. A large number of persons are known to be handicapped and eligible for inclusion in the register, but how many of these, and others whose names are not yet known, will wish to apply for inclusion in the Council's scheme remains to be determined as the scheme develops. The scheme provides for the preparation and maintenance of a central register of handicapped persons applying for inclusion. The Council welcomes the whole-hearted co-operation of the local voluntary organisations such as the Norfolk branches of the British Red Cross Society, and the St. John Ambulance Brigade, the Norfolk Voluntary Association for the Welfare of the Physically Handicapped, and the St. Raphael Club, the local offices of the Ministries of Health and Pensions and National Assistance Board. To ensure close liaison, meetings with representatives of the voluntary organisations have been held and informal discussions have taken place with the local officers of the government departments. The Council will make grants to the voluntary organisations in the light of services rendered to physically handicapped persons on behalf of the Council.

At the end of the year, the names of some 200 persons had been included in the register, but a large number of reports on case investigations were awaited. Every effort will be made to obtain instruction in pastime handicrafts for home-bound physically handicapped persons, and it is hoped to

provide social facilities for others in due course. Cases requiring adaptation of premises are being followed up and efforts made to get the work carried out to the benefit of the persons concerned, while other welfare facilities will be provided within the framework of the approved scheme, in the light of requests received. The Council intends to utilise to the fullest extent possible the services of existing staff (district nurses, health visitors and local welfare officers) for the promotion of the welfare of all classes of handicapped persons in need of help.

## VI. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

### MEASLES.

For the last four years, measles in this country has exhibited a well-marked biennial periodicity, incidence being low in 1949 and 1951 and high in 1950. Again in 1952, the disease was widespread, 6,239 cases being notified, with one death.

### WHOOPING COUGH.

As compared with measles, whooping cough was not nearly so prevalent, 1,009 cases only being notified. Its incidence was about half that of the preceding 2 years. Pertussis vaccines will shortly be made available under Section 26 of the National Health Service Act, and their effect on this distressing disease will be watched with interest.

### DIPHTHERIA.

During 1952, 2 cases only were notified and, for the sixth successive year, there was no death to report.

### PUERPERAL PYREXIA.

The incidence of puerperal pyrexia remained almost stationary with 25 cases. No deaths were recorded.

### CANCER.

Death rates per 1,000 population over the last 7 years are as follows:—

1946.	1947.	1948.	1949.	1950.	1951.	1952.
2.02	1.83	1.85	1.97	1.81	1.86	1.79

The age distribution of the deaths in 1952 was as follows:—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males ...	—	—	1	1	11	116	106	97	332
Females ...	—	1	1	3	21	113	102	104	345
	—	—	—	—	—	—	—	—	—
	—	1	2	4	32	229	208	201	677
	—	—	—	—	—	—	—	—	—

### ANTERIOR POLIOMYELITIS.

Anterior poliomyelitis continued to smoulder sporadically throughout the year, 39 cases being notified, of which 35 were confirmed. This was a slight increase on the preceding year, when 28 were recorded. There was one death in an adult male. Cases were mainly located in, or within a 6 mile radius of Wymondham, and males predominated in a ratio of nearly 2 to 1. Of the 35 cases, 15 were paralytic and 20 non-paralytic, and it is of interest to note that while no cases occurred in the 15—19 age group, there was a notable increase in the 30—34 age group.



## VII. SANITARY SERVICES.

The County Sanitary Officer reports as follows:—

### MILK AND DAIRIES.

#### PASTEURISING PLANTS.

During the year, one of the pasteurising plants ceased to operate and the manager made arrangements to obtain a pasteurised supply of milk from another plant in the area of a neighbouring Food and Drugs Authority. 9 plants were operating in the county at the end of the year. Of these, 1 employed the H.T.S.T. process and the remainder operated the Holder method.

866 weekly samples were taken from these plants during the year. 444 were submitted to the phosphatase test and 18 proved unsatisfactory. Of the 422 submitted to the methylene blue examination, 26 failures were recorded.

Detailed inspections of each plant were made fortnightly as a matter of routine, with such further visits as were required to determine the cause of unsatisfactory samples. It was found necessary to report unsatisfactory features at one plant to the appropriate Committee and the dairyman was severely cautioned. In total, the pasteurising plants in the area of this authority are dealing with something like 26,000 gallons of milk daily and meticulous supervision is therefore necessary. It is pleasing to note that, with few exceptions, the general standard is good and the dairymen have co-operated well with the Department in making improvements where these have been necessary.

#### MILK IN SCHOOLS SCHEME.

All supplies were sampled frequently throughout the year. Pasteurised milks were submitted to both the phosphatase and methylene blue tests and raw milks to the methylene blue examination only. Samples from each supply were submitted for biological examination once each term and in all instances were reported negative to tuberculosis. During the year, 246 samples of pasteurised milk were submitted for the phosphatase test, and there were 13 failures; of 237 sent for methylene blue examination, 25 failed. Investigations into each failure were carried out at the pasteurising plants and recommendations made as necessary.

378 samples of raw milk were submitted to the methylene blue examination and 58 were unsatisfactory. Failures were referred either to the County Milk Regulations Officer for investigation in respect of producer/retailers or to the appropriate district council where retailers only were involved.

On the 31st December, 1952, the milk supplies to the schools in the county were classified as follows:—

	Number of Schools.			
Tuberculin tested (bottled) ...	...	...	...	242
Tuberculin tested (bulk) ...	...	...	...	13
Pasteurised (bottled) ...	...	...	...	204
Pasteurised (bulk) ...	...	...	...	—
Accredited (bottled) ...	...	...	...	7
Accredited (bulk) ...	...	...	...	2
Non-designated (bottled) ...	...	...	...	3
Non-designated (bulk) ...	...	...	...	5
No milk supply ...	...	...	...	—
Total ...	...	...	...	476

## NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

TABLE 4.

Disease	Number of cases notified																												Totals
	Municipal Boroughs		Urban districts											Rural districts															
	King's Lynn	Thetford	Cromer	Dereham	Diss	Downham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland		
Scarlet fever ... ..	27	1	7	1	1	1	3	59	12	12	1	15	77	12	14	30	50	29	23	9	12	9	59	7	23	8	27	529	
Whooping cough ... ..	48	2	4	8	12	4	3	10	5	1	—	9	62	71	55	43	54	42	44	10	64	33	132	211	13	13	55	1007	
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	2	
Measles, excluding rubella ... ..	751	13	31	179	45	114	7	5	102	54	11	48	709	326	393	666	291	243	296	53	311	312	474	317	113	216	194	6374	
Acute pneumonia (primary or influenzal) ... ..	33	9	—	5	1	2	3	—	—	1	1	6	39	26	4	57	1	20	4	12	6	6	12	21	5	17	8	299	
Meningococcal infection ... ..	2	1	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	1	—	—	—	1	—	9	
Ac. Poliomyelitis ... ..	—	—	—	1	—	—	—	1	1	1	1	3	2	—	—	—	—	12	—	—	—	2	3	2	1	1	8	39	
Ac. Encephalitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Dysentery ... ..	—	—	—	2	—	—	—	—	—	—	—	1	5	60	—	1	—	15	—	—	—	—	47	2	1	1	2	137	
Ophthalmia neonatorum ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	—	1	1	5	
Puerperal pyrexia and puerperal fever ... ..	2	—	1	1	—	—	—	1	2	—	—	—	3	—	1	1	1	1	1	3	2	—	4	2	—	—	—	26	
Erysipelas ... ..	3	—	—	—	1	—	1	—	—	—	—	—	9	5	3	9	—	18	—	—	1	1	3	—	1	4	2	61	
Food poisoning ... ..	—	1	—	—	—	—	—	—	—	—	—	4	19	4	—	—	—	5	3	—	—	9	1	22	—	—	5	73	
Malaria .. ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	
Jaundice or infective hepatitis ... ..	4	—	1	—	1	—	4	4	1	—	—	—	—	5	5	3	2	1	3	3	4	—	11	7	—	—	—	59	
†Chickenpox ... ..	366	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44	—	—	—	—	2	—	—	—	416	
Undulant fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	
Gastro enteritis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Weil's disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Totals ... ..	1236	27	148	197	61	121	21	80	123	69	14	86	929	512	476	810	399	386	418	91	401	873	748	594	157	263	302	9042	

† This disease is notifiable only in King's Lynn M B., Cromer U.D. and Freebridge Lynn R.D.





## TUBERCULOSIS IN MILK.

22 samples from pasteurising plants and 1,972 samples from 1,637 herds were submitted for biological examination during the year and the table below gives the results obtained:—

Designation.	Samples taken.	Samples positive.	Herds sampled.	Herds positive.	Percentage of herds positive.	Herds negative.	Herds—guinea pig died—exam. incomplete.
T.T. Attested ...	592	—	372	—	—	313	59
T.T. ...	143	1	109	1	.91	82	26
Accredited ...	211	20	160	14	8.75	118	28
Non-designated ...	1026	14	996	13	1.30	864	119
Pasteurised ...	22	—	—	—	—	—	—
	<hr/> 1994	<hr/> 35	<hr/> 1637	<hr/> 28	<hr/> 1.71	<hr/> 1377	<hr/> 232

It is interesting to note that, of the total number of herds from which milk samples were examined, the percentage found to be positive, i.e. 1.71, remained much the same as that recorded in previous years. Similarly, by far the highest percentage of positive results was obtained from accredited herds.

Investigations carried out in respect of the positive herds resulted in the slaughter in 16 herds of 20 cows under the Tuberculosis Order, 1938. Animals sold for slaughter after the taking of the bulk samples and prior to the receipt of the positive reports were presumed to be the cause of the trouble in 5 herds. In a further 5 herds, investigations are still proceeding, and in 2 herds, no animal was identified and further bulk samples have been taken since the end of the year. The milk supplies were placed under restriction pending the isolation of the offending animal or the termination of the investigations.

## BRUCELLA ABORTUS.

A considerable number of bulk samples of milk examined for tuberculosis are also examined for the presence of brucella abortus organisms and the following table shows the position for the year under review:—

Designation.	Samples taken.	Samples positive.	Herds sampled.	Herds positive.	Percentage of herds positive.	Herds negative.	Herds—guinea pig died—exam. incomplete.
T.T. Attested ...	283	25	179	12	6.70	140	27
T.T. ...	63	4	49	3	6.12	37	9
Accredited ...	115	4	91	3	3.29	74	14
Non-designated ...	511	25	490	22	4.48	409	59
Pasteurised ...	7	—	—	—	—	—	—
	<hr/> 979	<hr/> 58	<hr/> 809	<hr/> 40	<hr/> 4.94	<hr/> 660	<hr/> 109

From the table it will be seen that brucella infection is as prevalent in the designated herds as in the non-designated. In all positive herds, it is the practice to arrange for individual quarter samples to be taken from those cows whose milk is contained in the positive bulk sample and, pending the isolation of the offending animal(s), to place restrictions on the milk supplies.

Prolonged investigations were necessary in some cases because of the intermittent excretion of the organism and, where three sets of negative individual samples were obtained, restrictions were removed from the milk. In the absence of some definite lead from the Ministry of Health or the Ministry of Agriculture and Fisheries, it is inevitable that varied procedures of investigation of brucella positive milk samples should exist throughout the country but some positive steps should be taken for the purpose of isolating



an offending animal, despite the risk of payment of compensation to the farmer while his bulk milk is under restriction. Since the organism is to be found in raw milk, whatever its designation, the introduction of specified areas will not result in the removal of danger to public health from this cause.

#### HOSPITAL DAIRY FARMS.

At the request of the Ministry of Health, routine samples of milk were taken for biological and methylene blue examinations from 4 hospital dairy farms in the county.

The following table shows the sampling position in the past year:—

Dairy Farm	Methylene Blue. Samples taken.	Un- satis.	Tuberculosis. Samples taken.	Posi- tive.	Brucella Samples taken.	Abortus. Posi- tive.
Hellesdon Hospital—						
Low Farm, Drayton	10	1	4	—	4	—
Wensum Farm ...	10	—	4	—	4	—
Lt. Plumstead Hall	10	—	4	—	4	—
St. Andrews's Hospital	9	2	4	—	4	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total ...	39	3	16	—	16	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

#### NATIONAL MILK TESTING SERVICE.

The pilot sampling scheme referred to in my last report was continued at the request of the Ministry of Agriculture and Fisheries, and details of samples submitted from non-designated herds to the National Milk Testing Service laboratory are shown in the following table:—

Month.	No. of samples.	Failures.	Percentage of failures.
January ...	6	—	—
February ...	18	—	—
March ...	25	1	.4
April ...	48	6	12.5
May ...	43	14	32.6
June ...	25	14	56.0
July ...	61	35	57.4
August ...	33	17	51.5
September ...	25	8	32.0
October ...	34	3	8.8
November ...	23	1	4.3
December ...	45	6	13.3
	<hr/>	<hr/>	<hr/>
Total ...	386	105	27.2
	<hr/>	<hr/>	<hr/>

#### FOOD AND DRUGS ACT, 1938.

During the year, of 611 school milk samples submitted to the Gerber Test, 519 were genuine. 58 samples were deficient in milk fat, 31 in solids not fat and 3 samples were deficient in both respects.

I am indebted to the Chief Inspector of Weights and Measures who has supplied these figures and must point out that as these relate to the calendar year, they will differ from those given in Mr. Granger's annual report which covers the financial year from 1st April, 1952 to 31st March, 1953.

## SANITARY SURVEY OF SCHOOLS.

Inspections at schools during 1952 were again concerned mainly with the provision of adequate water supplies and suitable drainage facilities. 225 schools in 7 rural districts were inspected and 147 recommendations made to the Chief Education Officer under the headings shown in the following table, which also indicates the number of instances where the Education Committee was able to attend to the recommendations:—

		No. of defects referred.	No. of defects attended to.
Closet accommodation	...	47	40
Washing accommodation	...	27	18
Water supply	... ..	21	21
Disposal of refuse	... ..	13	11
School buildings	... ..	9	9
Canteens	... ..	5	3
Drainage	... ..	24	23
Playgrounds	... ..	1	1
Total	... ..	<u>147</u>	<u>126</u>

## DISINFECTION.

Arrangements were made for the steam disinfection of clothing and bedding at the Isolation Hospital, East Dereham, in respect of 8 cases. It was not necessary to make use of the facilities available at the City of Norwich Clinic.

## DISINFESTATION.

Arrangements were made for the treatment and/or cleansing of 5 cases of scabies at the City of Norwich Clinic and 2 cases of scabies and 2 verminous persons at the Isolation Hospital, East Dereham.

## ICE CREAM.

During the year, 258 samples of ice cream were taken, mainly by the officers of the district councils, and were submitted to the methylene blue test. 202 were satisfactory and 56 unsatisfactory. Little improvement seems to have taken place, since 21.7% of the ice cream samples were unsatisfactory as compared with 22.3% during the previous year. The following table shows the classification of results compared with last year:—

			1952.	1951.
Grade I (satisfactory)	...	...	149	81
Grade II (satisfactory)	...	...	53	75
Grade III (doubtful)	...	...	43	22
Grade IV (unsatisfactory)	...	...	13	23
			<u>258</u>	<u>201</u>

During the year, variations were made in the legal minimum compositional standard of fat content required for ice cream. The position is not altogether satisfactory for despite the fact that some attempt is made to



protect the public by inspections and by methylene blue tests for “cleanliness,” the latter has no statutory standing in this connection. It is probably the best test available at present for general use, but experts are not yet satisfied that it is reliable enough to be given statutory force; nor indeed, so far as one is aware, are they satisfied that any other similar test would be suitable for such a purpose. It means, therefore, that the test can only be used as an “informal indication” and the real protection, if such is to be given, must be provided by careful and frequent inspections. Much more should be done in this direction.

## HOUSING AND SANITARY COMPLAINTS.

178 complaints were received as compared with 158 last year and all were investigated.

The table below indicates that the larger proportion of complaints were in some way related to unsatisfactory living accommodation or conditions. Cases where repairs to premises were required and/or rehousing was desirable were the most prominent.

Special emphasis continues to be made on behalf of those cases where existing living conditions are considered to be detrimental to the health of one or more members of the household.

	Complaints received.				
Housing ...	...	...	...	...	155
Offensive drains ...	...	...	...	...	11
Rodents on premises ...	...	...	...	...	3
Nuisances by animals ...	...	...	...	...	3
Accumulations and deposits ...	...	...	...	...	3
Refuse disposal ...	...	...	...	...	3
Total ...	...	...	...	...	<hr/> 178 <hr/>

The attached table, taken from the Housing Returns of the Ministry of Housing and Local Government, gives details of the number of new permanent dwellings actually completed in the administrative county during the year.

In March, 1952, the Second Interim Report on the Housing Survey in Rural Areas was published by the Association of County Sanitary Officers, and this indicates that, throughout the rural districts of the country, approximately three-quarters of the survey has been completed, although there are 13 rural district authorities who have not commenced the survey.

The report makes suggestions as to the reasons for the present position and points to possible remedies. The following are some of the conclusions reached:—

- (i) The figures of those houses surveyed reveal that, out of every 100 houses examined, 31 are found to be fit, 27 require minor repairs, 30 need major works or reconstruction, and 12 are unfit. The number of families in housing classed as unfit is 116,803.
- (ii) Much of the deterioration in the condition of houses in rural districts is due to:—
  - (a) The emphasis plaled by the Government on new building since 1939.

# EXTRACT FROM THE QUARTERLY RETURNS OF THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT.

*Table showing new permanent dwellings completed in 1952 and the total to date in the post war period in the Administrative County of Norfolk.*

Housing Authority Area.	(a) Housing Authorities and Housing Associations.		(b) Private Builders		TOTAL (a) and (b)	
	During 1952.	Total to 31.12.52	During 1952.	Total to 31.12.52	During 1952.	Total to 31.12.52
MUNICIPAL BOROUGHES:						
King's Lynn ... ..	142	666	30	111	172	777
Thetford ... ..	16	142	4	17	20	159
URBAN DISTRICTS:						
Cromer ... ..	21	109	6	21	27	130
Diss ... ..	25	149	3	32	28	181
Downham Market ... ..	11	75	1	12	12	87
East Dereham ... ..	28	204	8	41	36	245
New Hunstanton ... ..	16	65	9	36	25	101
North Walsham ... ..	38	150	9	47	47	197
Sheringham ... ..	30	113	11	31	41	144
Swaffham ... ..	20	110	4	23	24	133
Wells-next-the-Sea ... ..	—	122	2	12	2	134
Wymondham ... ..	35	191	7	62	42	253
RURAL DISTRICTS:						
Blofield and Flegg ... ..	71	362	51	228	122	590
Depwade ... ..	104	588	20	93	124	681
Docking ... ..	47	252	12	77	59	329
Downham ... ..	83	382	16	112	99	494
Erpingham ... ..	64	342	16	102	80	444
Forehoe and Henstead ... ..	96	458	38	226	134	684
Freebridge Lynn ... ..	36	298	14	71	50	369
Loddon ... ..	18	315	15	69	33	384
Marshland ... ..	58	340	28	136	86	476
Mitford and Launditch ... ..	50	278	19	86	69	364
St. Faith's and Aylsham ... ..	130	734	67	301	197	1035
Smallburgh ... ..	94	376	18	93	112	469
Swaffham ... ..	33	340	9	45	42	385
Walsingham ... ..	84	356	14	75	98	431
Wayland ... ..	98	338	15	107	113	445
TOTAL	1448	7855	446	2266	1894	10121



- (b) The insufficiency of the allocation made to local authorities to be spent on repairs.
- (c) The high cost of repairs, coupled with the poor financial standing of many owners and of low-rented houses.
- (iii) As and when new houses become available, a percentage of these should be allocated to persons who were living in unfit dwellings at the time they were classified as such.
- (iv) Applicants for new houses are in such numbers that further screening appears necessary to separate those without a home, but living in reasonably healthy conditions, from those living in houses, which, for health reasons, are totally unfit. In dealing with applicants for new houses, selection committees should give careful consideration to reports prepared by the district medical officer of health.
- (v) There is reason for apprehension respecting the further deterioration and probable loss of many existing houses unless the Government's labour, materials, and financial focus is adjusted in their favour in the near future.

## WATER SUPPLIES.

During the year, the following schemes were assessed for grant purposes:—

District	Scheme.	Estimated cost. £	Ministry grant— Lump sum. £	County Council grant not exceeding Annual £	Aggregate. £
Depwade R.D.	Earsham ...	6,918	2,000	122	3,660
	Tasburgh ...	14,439	6,500	309	9,270
Docking R.D.	Regional Scheme—				
	Stage I ...	221,749	85,000	4,347	130,410
	Stage II ...	83,998	11,500	1,193	35,790
Downham R.D.	Northern Area	16,721	2,000	537	6,444
Forehoe and Henstead R.D.	Statutory Area	125,000	40,000	3,087	37,044
Loddon R.D. ...	Howe ...	2,660	1,800	61	1,830
St. Faith's & Aylsham R.D.	Foulsham and Themelthorpe	22,125	4,250	431	12,930
	Buxton-with- Lamas (part)	4,024	800	141	1,692
Swaffham R.D.	Ickburgh ...	5,388	2,500	108	3,240
	Cockley Cley	2,403	1,900	87	2,610
	Fouldeu ...	4,280	1,500	142	4,260
North Walsham U.D. ...	New water Tower ...	19,890	—	Lump sum	3,120

The following notes deal with the position in each district:—

### Rural Districts.

#### BLOFIELD & FLEGG R.D.

Extensions of mains at Scratby and Rollesby at respective costs of £1,800 and £8,325 have been approved.

## DEPWADE R.D.

Stage I of the Regional Water Scheme has been completed and an official opening ceremony held. The scheme incorporates a number of local extensions constructed in advance of the Regional development, the erection of a 265,000 gallon reinforced concrete water tower and a pumping main from the major source at Rushall, where certain improvements have also been effected. Trunk mains have been laid to connect the pre-war village schemes in Long Stratton and Harleston, the sources here being retained for standby purposes. The completion of this stage of the comprehensive scheme establishes the "back-bone" of the ultimate development, and it is now important that every encouragement and assistance should be given to the Depwade R.D. to press forward with the laying of additional service mains (i.e. Stages II and III) in order to reap the benefits of a financial return. In some of the low-lying areas in the district, subsoil conditions are aggressive to iron pipes and some form of cathodic protection will be necessary to prevent corrosion. This matter is under investigation.

In addition, certain other extensions costing some £16,000 have been completed in Dickleburgh, Needham, Bressingham, and Brockdish; and village schemes, designed to be incorporated in later stages of mainlaying, have been carried out in Tasburgh and Earsham at a cost of £14,439 and £5,950 respectively.

Approval has been given by the County Council for similar extensions in Tharston, Winfarthing, Tibenham, Starston and Forncett St. Mary, which are estimated to cost approximately £27,000.

The R.D.C. has experienced some difficulty in dealing with the lime sludge produced during treatment of the water supply at the Rushall headworks, and approval has been given for the provision of additional lime sludge tanks and beds.

In December, Ministry approval was received for Stage II mainlaying and the erection of two smaller water towers at Burston and Bunwell, and tenders will be invited so that work may be commenced at an early date.

## DOCKING R.D.

The regional scheme has been finally completed at a cost of £305,747. Proposals for the construction of a central depot, with workshop and garages, at Docking have been deferred by the Ministry.

## DOWNHAM R.D.—WISBECH WATER BOARD.

The Wisbech Water Board has completed mainlaying as outlined in the "domestic" scheme. The modernisation of the headworks at Denton Lodge has been commenced. Revised proposals, including the laying of a trunk feeder main at Stradsett, have been received, which will obviate the necessity of a water tower and booster at Stoke Ferry.

The preparation of an "agricultural scheme" is well in hand and its early submission is anticipated.

## ERPINGHAM R.D.

The County Council have put forward their views that the capacity of a proposed storage reservoir at Mundesley could be reduced, but the District Council is adhering to their consultant's report. Both views have been put to the Ministry whose decision is awaited.



Extensions of mains from Mundesley to Gimingham and Trimingham have been approved at an estimated cost of £21,516.

During the year, progress has been made towards a modified regional scheme for the whole area and its early submission is expected.

#### FOREHOE & HENSTEAD R.D.

Mainlaying in the Norwich statutory area of the district was almost complete at the end of the year. Outside the statutory area, the local scheme for Newton Flotman and Saxlingham Thorpe was under construction and the bore to serve Kimberley has been sunk and tested.

#### FREEBRIDGE LYNN R.D.

The question of co-operation with the King's Lynn B.C. has been under consideration but, at the same time, an outline emergency scheme has been submitted for the central area parishes, where acute water supply problems exist. A small extension of mains to a housing site in Grimston has been completed and the school connected.

#### LODDON R.D.

The Waveney Valley area scheme has been completed with the exception of certain improvements to the headworks at Bungay, which are being carried out jointly by the Bungay U.D.C. (East Suffolk) and the Loddon R.D.C. An extension of mains to Raveningham has also been carried out at a cost of £10,600.

Part of the 10" trunk feeder main to Loddon Ingloss has been laid, and work is to commence shortly on the erection of a water tower having sufficient storage capacity for most of Stage II and Stage III development.

A further local extension to serve Howe has been approved at a cost of £2,660 and a scheme covering the Haddiscoe area has been submitted.

#### MARSHLAND R.D.—WISBECH WATER BOARD.

All major main laying has now been completed in this area.

#### MITFORD & LAUNDITCH R.D.

"Local" schemes covering the following parishes have been submitted and approved:—

Litcham  
Rougham  
Whissonett  
Hockering

The total estimated cost of these is £40,800.

Satisfactory pumping tests have been carried out and mainlaying is likely to take place next year. Three further schemes are in course of preparation and their early submission is anticipated.

#### ST. FAITH'S AND AYLSHAM R.D.

In the Norwich statutory area, minor extensions to the mains in Horsford have been carried out at a cost of £1,303. Outside the statutory area, village schemes at Great Witchingham and Weston Longville have been completed.

## SMALLBURGH R.D.

Approval has been given to the sinking of a 6" pilot bore and the major 30" bore at E. Ruston for the Area A Scheme at an estimated cost of £7,500. Honing, Dilham and Worstead were originally to be supplied from this new source, but the District Council has now decided to take bulk supplies from the proposed Norwich statutory area mains in the adjoining Area C for these villages, and schemes for distribution mains at respective costs of £5,300, £6,900 and £13,400 have been approved. A similar scheme has also been approved for Swanton Abbott at a cost of £10,300. Development from the Ruston bore will thus take place in the eastern parishes of Area A.

The installation of a pump in the Ludham bore to enable this source to deliver to mains already laid at Catfield, Sutton and Hickling have been approved at an estimated cost of £1,000.

## SWAFFHAM R.D.

Considerable progress has been made and only a small number of minor schemes have to be carried out before the whole of the district is adequately supplied with piped water.

Village schemes have been completed in the parishes of Gooderstone, Hilborough and Narborough, and an extension of mains has been made from Mundford to serve the neighbouring parish of Ickburgh. Schemes are almost complete in Beechamwell, Oxburgh and Lt. Cressingham. The total estimated cost of these schemes is some £12,000.

An official opening ceremony of the Area B scheme, based on major headworks established at Bradenham, has been held. This scheme covers the N.E. part of the district.

A scheme has been approved for supplying Sporle from the Bradenham mains and involves a length of main passing through Lt. Dunham in the Mitford and Launditch R.D., where a number of properties will also benefit. Sporle was originally supplied from temporary headworks.

A further extension of mains, principally for agricultural needs serving the Ivy Todd area, has also been submitted.

## WALSINGHAM R.D.

Stage IIb of the Regional Scheme, involving distribution mains northward from Gunthorpe reservoir to link up with the village schemes in Field Dalling and Blakeney and to serve Bale, Langham, Binham, Stiffkey and Cockthorpe, was approved at an estimated cost of £51,000. Of this amount, the War Department will contribute £7,000 towards the cost of enlarging the mains to permit supply to certain of their camps. The Barney extension has been completed at a cost of £8,404.

## WAYLAND R.D.

With the completion of the Stage I scheme which covers the whole of the eastern part of the Wayland R.D., preparations for the next stage of mainlaying have been made and deliveries of materials commenced later in the year. Stage II is based on the headworks at Watton, with a ground level reservoir at Carbrooke. Constructional work commenced in August. 8 miles of mains have so far been laid.



The scheme for improving pressures in the Lopham area at a cost of £1,000 has been carried out with very satisfactory results.

## Urban Districts.

### CROMER U.D.

The reconstruction of the Metton Headworks was completed early in the year.

### DISS U.D.

Work on the reorganisation of the headworks, costing some £26,500, has been completed and includes the installation of softening plant and electrification of pumping units.

### NORTH WALSHAM U.D.

Approval has been given to the erection of a new water tower at an estimated cost of £19,890 and a starting date of 1st January, 1953 has been awarded.

### SWAFFHAM U.D.

After purchasing the privately owned waterworks, the U.D.C. considered the improvement of the town water supply. A scheme was designed by the Consulting Engineer for extensive improvements to the headworks at a cost of some £39,000, but the District Sanitary Inspector and Surveyor has prepared an alternative modified scheme at a capital cost of approximately £7,000. The later scheme was submitted for the consideration of the County Council, who have requested that the costs of these alternative proposals and also of taking water in bulk from Swaffham R.D.C. should be further investigated to determine the best method of supply.

### WYMONDHAM U.D.

Improvements to the headworks at High Ash are being made. Three additional bores have been sunk and the original pumping plant is being replaced by submersible pumps.

## SEWERAGE AND SEWAGE DISPOSAL.

During the year the following schemes were assessed for grant purposes:—

District.	Scheme.		Estimated cost. £	Ministry grant. £	C.C. grant. £
Forehoe and Henstead R.D.	Costessey (part)	...	41,405	24,000	9,968
	Hingham	...	71,700	40,000	17,873
St. Faith's & Aylsham R.D.	Aylsham (revised grants)		125,000	48,000	45,240
New Hunstanton U.D.	Old Hunstanton	...	40,714	10,000	14,440
Wells U.D.	Conversions and recon- nections scheme	...	21,000	6,000	6,967
Thetford M.B.	Reconnections	...	2,000	1,000	670

The following notes deal with the position in each district:—

### **Rural Districts.**

#### **BLOFIELD & FLEGG R.D.**

Some consideration has been given, at the request of the Winterton Parish Council, to a scheme of sewerage for the whole of the village, but the County Council has reaffirmed its earlier decision to consider dealing only with the Council Housing site area as a first stage. A suitable scheme has yet to be submitted.

A proposal to substitute a pumping system instead of the syphonic discharge originally proposed to take sewage across the river Yare in the Norwich Fringe Area scheme (dealing with Thorpe and also Sprowston in the St. Faith's and Aylsham R.D.) has been approved at a cost of £17,100. The original syphon system was estimated to cost £40,700.

It was also learned at the end of the year that the Ministry would authorise, as a first stage of the Fringe Area Scheme, the construction of the sewer from the Mousehold estate to the disposal works and a reasonable amount of sewerage in Thorpe, at a total estimated cost of £135,800. The whole scheme (for part of Sprowston and Thorpe) is at present estimated to cost £341,000.

#### **DEPWADE R.D.**

The constructional work at Dickleburgh and Hempnall has continued, but in each village unexpected subsoil difficulties have been encountered, causing delay in the completion of these schemes. It is expected that both schemes will be in operation early next year. A partial scheme for Scole has been completed. The estimated cost of these schemes is Dickleburgh £32,945 and Hempnall £29,570.

#### **FOREHOE & HENSTEAD R.D.**

The scheme serving part of Costessey at an estimated cost of £41,405 has been completed and further minor extensions of sewers have been approved at an estimated cost of £1,200.

At Hingham, sewerage of the area has been completed and the construction of the sewage disposal works is in progress.

#### **LODDON R.D.**

The scheme for sewerage West End, Loddon, has been completed.

#### **ST. FAITH'S & AYLSHAM R.D.**

Approval has been given to the revised scheme for Reepham at an estimated cost of £47,900. The Aylsham scheme was nearly completed at the end of the year.

The District Council has submitted a joint scheme for Wroxham and Hoveton (Smallburgh R.D.), with disposal works south of Wroxham, at an estimated total cost of £170,000, but, on the suggestion of the County Council, the scheme is to be revised to make provision for the urgent areas of Wroxham and Hoveton as a first stage, with disposal works on an alternative site in Belaugh to allow for the ultimate inclusion of Coltishall, Belaugh, and, if necessary, Horning.



#### **SMALLBURGH R.D.**

The District Council has submitted a joint scheme for Hoveton and Wroxham (vide St. Faith's and Aylsham R.D. above).

#### **SWAFFHAM R.D.**

Work has continued on the joint scheme for Saham Toney and Watton (Wayland R.D.) and, by the end of the year, was nearing completion.

#### **WALSINGHAM R.D.**

The Hempton Council House site scheme, an advance stage of the larger scheme for improvements in Fakenham and Hempton, has been completed, but the Ministry have deferred the acceptance of tenders for the scheme to serve Great and Little Walsingham until the present financial situation improves.

#### **WAYLAND R.D.**

The laying of all sewers has been carried out in Watton, but a certain amount of work remains to be completed at the treatment works. Considerable difficulty has been encountered with subsoil conditions in parts of the area and the final costs of sewerage are likely to be substantially in excess of the estimates.

#### **Urban Districts.**

##### **CROMER U.D.**

An outline major scheme, designed to alleviate reported flooding which occurs during heavy thunderstorms, has been referred back for further consideration.

##### **DISS U.D.**

Work commenced during the year on the construction of the new disposal works.

##### **DOWNHAM MARKET U.D.**

The detailed scheme for improved sewerage at an estimated cost of £100,000 has been approved in principle.

##### **EAST DEREHAM U.D.**

The estimated costs for the improvements to the sewerage disposal works have been revised and now total £57,000.

##### **NEW HUNSTANTON U.D.**

Construction of the Old Hunstanton sewerage scheme was commenced towards the end of the year.

##### **NORTH WALSHAM U.D.**

The sewer extensions previously approved have been laid and the improvements at the disposal works almost completed.

#### SWAFFHAM U.D.

No further progress seems to have been made. In the last annual report, it was mentioned that the proposed scheme was to be reviewed on account of the alteration in flow resulting from the partial removal of the cannery from the town. Since then, nothing further has been heard of the subject.

#### WELLS U.D.

The defects arising as a result of subsidence at the new treatment works have not yet been remedied and the Consulting Engineer's report is still awaited. The infiltration of sewers had been eliminated to some extent by the end of the year.

#### WYMONDHAM U.D.

Detailed proposals, costing £44,000, have been received for the modifications necessary to the treatment works, but have been referred back for examination of problems concerning the estimated flow. There is a possibility of surface water infiltration having affected the estimated volume of sewage to be dealt with.

#### THETFORD M.B.

The sewerage scheme is now almost completed and a "pilot area" of about 100 properties was selected in the town where a survey was made to decide how many of the properties would require reconnections to the main sewerage scheme and those where conversion to closet accommodation would be necessary. The cost of connecting to main sewerage in this "pilot area" was estimated at £4,900, and of this £2,000 was attributable to reconnections.

Subsequent to this survey, the Borough Council were strongly recommended to extend this survey over the whole town. As a result, the estimated expenditure on reconnections is £30,560, and on conversion of closets £31,310.

### VIII. MISCELLANEOUS.

#### LABORATORY FACILITIES.

The Medical Research Council provides these facilities at the Public Health Laboratory, Norwich, where the following specimens were examined in 1952:—

Swabs	...	...	...	...	...	6,327
Sputa	...	...	...	...	...	1,863
Urine and faeces	...	...	...	...	...	1,680
Miscellaneous	...	...	...	...	...	172
						<hr/>
						10,042
						<hr/>

These specimens were submitted by general medical practitioners for the diagnosis of infectious diseases, together with a smaller number sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examinations of staff under the Local Government Superannuation Act, 1937.



The laboratory also examined the following samples submitted by the sanitary staff of the County Council and by the sanitary inspectors of the County District Councils:—

*Samples submitted by County Sanitary Staff.*

Milk (biological examination)	...	...	...	...	1,029
Milk (methylene blue examination)	...	...	...	...	1,079
Water	...	...	...	...	110

*Samples submitted by County District Sanitary Inspectors.*

Ice-cream (methylene blue examination)	...	...	...	258
Water	...	...	...	1,036
Total				3,512

Other samples examined were as follows:—

BY PUBLIC ANALYST.

<i>Sewage Effluents</i>	...	...	...	...	1
<i>Water Samples—</i>					
Chemical examination—					
Schools	...	...	...	25	
Police Houses	...	...	...	4	
Highways	...	...	...	1	
General Public Health	...	..	...	1	31
Bacteriological examination—					
Schools	...	...	...	19	
Police Houses	...	...	...	1	
Highways	...	...	...	1	
General Public Health	...	...	...	7	28
<i>Liquid Milk Supplies—</i>					
Phosphatase	...	...	...	714	
Methylene Blue	...	...	...	3	
Churn and Bottle rinses	...	...	...	2	
Special samples	...	...	...	3	722
<i>Dried Milk</i>	...	...	...	...	4
Total				...	786

BY CAMBRIDGE PUBLIC HEALTH LABORATORY.

Milk samples for biological examination for Tuberculosis	...	710
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BY IPSWICH PUBLIC HEALTH LABORATORY.

Milk samples for biological examination for Tuberculosis	...	255
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## MEDICAL EXAMINATIONS.

The following examinations were made by the medical staff of the Health Department:—

289 examinations for superannuation purposes.

78 examinations of candidates for Teachers' Training Colleges and entrants to the teaching profession, under the terms of Ministry of Education circulars 248 and 249.

27 examinations of school canteen workers (non-superannuable).

In addition, medical advice was given in cases of County Council employees who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.









5 OCT 1953